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THE PROBLEM OF INTERPRETATION

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BY RUDOLPH M. LOEWENSTEIN, M.D. (NEW YORK)

I shall limit myself to an inventory of how analysts actually interpret, mentioning cursorily those facts which are well known (3), and emphasizing those problems which have not yet been formulated clearly enough and should become subjects of further research. I shall start by discussing the place of interpretation in analytic technique, from the point of view of those dynamic changes which we call insight (6, 11), produced in the patient by interpretations.

First I wish to stress that interpretations do not represent the sum total of the analyst's interventions. Some interventions of the analyst make it possible for interpretations to have the desirable dynamic effect. Other interventions create conditions without which the analytic procedure would be impossible. Among those that are necessary are all those which induce the patient to follow the fundamental rule (7, 8), the purpose of which is to loosen the barrier or censorship existing normally between conscious and preconscious processes, and this, in turn, indirectly leads to loosening the barrier between preconscious and unconscious phenomena (9): in other words, it permits the patient's associations to be more decisively influenced by the primary process (10). The patient's adherence to the fundamental rule is facilitated among other conditions by—at least in the majority of cases suitable for psychoanalysis—the recumbent position (14). This we know is contraindicated in the analysis of children (4) and sometimes of adolescents, and in the treatment of schizophrenics (2) and of some borderline cases (28). Experience has proved it to be unsuitable or harmful in these cases; hence the conclusion that the recumbent position has a positive, dynamic function, and not only serves the convenience of the analyst. The recumbent

position, indeed, tends, as Ernst Kris has said, to increase the proportion of projections over objective perceptions. Besides, it creates for the patient a situation where attention and reality testing are withdrawn from the outside (the analyst) and shifted onto the inner experiences of the patient. However, a certain balance between outward and inward reality testing, in which the ability of the patient to keep what we propose be called 'differential reality testing', is a prerequisite for analytic treatment.

The withdrawal of reality testing from the external object facilitates the displacement of past reactions onto the analyst, creating transference phenomena, whereas the increased attention and reality testing centered upon the inner experiences of the patient favor, at least in the majority of cases, the flow of associations and the gaining of insight.

One knows that in certain cases and at certain moments of analysis, in which displacement and projective processes gain too much over objective perception, where withdrawal from reality becomes too intense, some analysts have the patient sit up to confront him with reality. Where there is, for whatever reasons, too much or too little mobility of displacement of this type, the management of transference becomes difficult or impossible. Thus the usual analytic procedure is most effective within an optimal range of conditions. At either end of this range, conditions may become such as to preclude analysis or necessitate a modification of the technique. This is one example of the well-known fact that the possibility of applying the analytic technique depends upon the conditions of the instinctual drives as well as the state of the patient's ego (5, 6).

There are a great many methods of intervention by the analyst—other than interpretation—which at all times facilitate the flow of associations and prepare the ego to accept the interpretations. Some of these interventions fall under the heading of the rule of abstinence (17), others encompass all those which create the so-called analytic atmosphere. To the latter belong, for instance, the benevolent understanding or the objectivity of the analyst. One might say that these interventions contribute

to strengthening the conflictless sphere of the ego (22).¹ They diminish the intensity of the defenses which the patient's ego opposes to drives or their derivatives in the pathogenic conflicts, and also facilitate the establishment of transference.²

Other interventions include explanations given by the analyst as to procedure, or, for instance, questions asked concerning realities in which the patient finds himself; also, the analyst's silence which, as we know, has not only the effect of encouraging the flow of associations but, at certain moments, has an important dynamic effect on the patient.

The analyst uses a number of tacit interventions which may have various consequences. As a result, the reality of the analytic situation and the general attitude of the analyst tend to encourage the patient's need for unburdening his conscience and the verbal expression of all his needs and drives, whereas they tend to thwart actual gratification of aggressive, sexual, and self-punishing behavior in the analysis.

Some analysts have tried recently to shorten and simplify the analytic procedure by limiting themselves mainly to dynamic changes produced by interventions and by minimizing the use of interpretations. They thought that if the analyst behaved in certain psychological situations in a way which was the opposite of the behavior of an important person in the patient's past life, therapeutic results might be achieved. This is a devaluation of what is specifically psychoanalytic: i.e., of dynamic changes produced by insight gained from interpretations. Some limited dynamic changes may occur independently of insight, and some limited insight may be gained without interpretations or even without analysis. In analysis, some insight may be gained from the very fact of talking frankly. The gain of insight, however, is limited if the patient is merely left to associate and is not given any interpretations.

What defines interpretation and distinguishes it from other

¹ As a matter of fact, the strengthening of the conflictless sphere of the ego is mainly brought about by interpretation.

² Under this heading, also, fall those interventions which have an 'educational' effect upon the patient.

interventions? In psychoanalysis this term is applied to those explanations, given to patients by the analyst, which add to their knowledge about themselves. Such knowledge is drawn by the analyst from elements contained and expressed in the patient's own thoughts, feelings, words and behavior. This is proposed in such general terms because I believe that the definition of interpretation should not be rigid.

Among the interventions there are many which may be called preparations for interpretation. It happens frequently in the beginning of analysis that a patient describes a number of events which strike the analyst as having certain similarities. The analyst's task is then to show the patient that all these events in his life have some elements in common. The next step is to point out that the patient behaved in a similar way in all these situations. The third step may be to demonstrate that this behavior was manifested in circumstances which all involved competitive elements and where rivalry might have been expected. A further step, in a later stage of the analysis, would consist, for instance, in pointing out that in these situations rivalry does exist unconsciously, but is replaced by another kind of behavior, such as avoiding competition.³ In a still later stage of the analysis this behavior of the patient is shown to originate in certain critical events of his life encompassing reactions and tendencies, as, for example, those which we group under the heading of the *œdipus complex*. The interpretation extends in instalments throughout the analysis, and only in late stages of treatment does an interpretation become complete, encompassing the origin both of ego elements and id derivatives. There may be no convention as to where in the series of interventions preparation ends and interpretation begins, but the disagreement is of little importance compared with the acknowledgment that there is a gradual transition from a preparation to interpretation.

There are conditions to which interpretation must be subordinated in order to produce insight. In making interpreta-

³ In all these stages of analysis the interpretation of mechanisms, as opposed to that of content, is significant.

tions, dynamic, economic, and structural points of view have to be taken into consideration (3, 27). I should like to attempt a more detailed classification of these conditions, which at the same time will aim at encompassing in greater detail the role of ego psychology in psychoanalytic technique.

Interpretations deal with the individual experiences of a human being. They aim at widening the conscious knowledge of the individual about himself and should therefore deal with the psychological realities of the individual. Psychoanalytic interpretations give a patient insight at a more generalized level than the insight he might gain from pure introspection, but much less abstract than are scientific formulations. For example, interpretations during psychoanalytic treatment aim at uncovering not, for instance, the œdipus complex, but specific individual experiences which constitute the manifestations of the œdipus complex of the person.

Interpretations may be characterized by the distance from the surface. The material communicated by the patient may move from the surface to the so-called depths, and it is important for the analyst to make his interpretations conform to this progression (12). The optimal distance from the surface of an interpretation may mean: (a) the known (to be convincing an interpretation has to include elements known to the patient besides the unknown which the interpretation aims to convey); (b) the present (there are interpretations which deal with current events and those which deal with the patient's past).

If one supposes that to seek among the innumerable memories of a human life precisely those which are relevant and curative be comparable to looking for a needle in a haystack, fortunately the relevant repressed memories may be compared to a magnetic needle in iron filings. The latter, which in this comparison are the patient's associations, are influenced in a specific way by the pathogenic events of his past. In this respect one might say that the patient's past is in the present.

It has been said that Ferenczi once gave the advice: when a patient talks about the present, the analyst should talk about

the past, and vice versa. He obviously meant that the goal of analysis is to uncover how the patient's present is related to his past. This advice implies that, in analytic therapy, interpretations aim at connecting the one with the other, and that this connection works both ways. Interpretations, consequently, deal also with what connects the past with the present. One knows that this is one reason that interpretations of transference are so effective. Transference, indeed, reactualizes the past.

Other characteristics of interpretations deal with the optimal range or the distance from the present interest. One knows that an interpretation cannot be given while the patient is overwhelmed by emotional reactions. The patient's reactions can be interpreted only when there is a certain distance from the emotions aroused by the events to be interpreted. For example, reactions of acute mourning are not subject to interpretation. Conversely, when the present situation is too far removed from certain conflicts, their interpretation has hardly any effect. As an example, we may cite what Freud says about the impossibility of analyzing dormant conflicts (19).

Distance is also used in the sense of the accessibility of a patient to a given interpretation, which might be partly included in the previous considerations, but which may also be based on quite different factors: for instance, on the degree of progress of the analysis, or on the so-called degree of 'depth' of an interpretation.

One might distinguish at what interpretations aim: (a) resistance as opposed to historical material; (b) ego phenomena as opposed to id derivatives; (c) transference as opposed to material which does not deal with the analyst.

We know that it is favorable to give interpretations in a certain sequence—that there is a hierarchy of interpretations. Under this heading can be placed the preparation for an interpretation, the rules of analyzing the resistances or the defenses before the id derivatives, as well as the choice between the interpretations of the transference as opposed to that part of

the material which is not included in the patient's relations to the analyst (12, 16).

Two other rules about the sequence of interpretation are: first, the avoidance of analyzing an important neurotic symptom in the beginning; second, the advice given by Anna Freud (5) (in disagreement with Wilhelm Reich [27]) to start analyzing still mobile defense traits in preference to the rigid, characterologic defenses of neurotic characters.

It has frequently been said that an analysis proceeds in layers corresponding to the layered structure of the personality, and in reverse chronology. Heinz Hartmann has recently pointed out that this hardly ever happens. The structural approach to an understanding of the personality shows very clearly that the well-known stages of instinctual and ego development overlap and commingle in the course of an individual's life. Hartmann also stressed the fact that during the analytic process further reshuffling occurs, so that the process of analysis is not a mirror image of the psychological ontogeny (23).

In this connection we should remember the well-known fact that correct interpretations often remain ineffective for a long time. For instance, some of the patients who in their own estimation 'underpay' the analyst might be refractory to the effect of the treatment. Although adequate fees have certainly no therapeutic value in themselves, the unconscious use of such factors by some patients may create resistances to the most correct interpretations. Indeed we know that certain interventions and interpretations derive their particular efficacy from what Kris has called their positional value.⁴ Freud compared them with the battles around a village or a hill which in peacetime had little importance in the life of a nation, but around which in wartime hinges the fate of a whole country (6). Pursuing Freud's simile, one may say that some interpretations have tactical values, others aim at strategic objectives. These considerations may furnish clues to the understanding of successes in relatively short analytic treatments, as well as in psychotherapies by talented therapists.

⁴ Kris, Ernst: Personal communication.

The sequence, or hierarchy, of interpretation is closely connected with another point of importance—the timing. Under this topic fall considerations of avoiding premature and prematurely deep interpretations that frequently create stubborn resistances. A parallel can be drawn to the resistivity or fastness of certain micro-organisms produced by an untoward administration of certain drugs. While we do not have a complete explanation, we may assume that these phenomena are connected with the ego's use of intellectualization as a special form of defense (6). Properly timed, an interpretation is made neither prematurely nor belatedly. It is important not to delay the analysis of resistance, transference, and problems arising from current situations. Under the heading of timing one might also include the repetition of interpretations and the process of working through (15).

Freud used the word 'tact' to describe the importance of the correct timing of interpretation (18). We might add that analytic tact (not to be confused with social tactfulness) is important not only in the choice of a moment in which to give or avoid an interpretation; it plays a role in technique on many more accounts. The word, used for lack of a more precise one, may be approximately defined as that intuitive evaluation of the patient's problems which leads the analyst to choose, among many possible interventions or interpretations, the one which is right at a given moment. Consequently, tact equally entails evaluation of the extent to which optimally a patient should be gratified or frustrated through an interpretation—referred to as 'dosage'. An instance of gross tactlessness was reported by a patient about an analyst with whom he had previously been in analysis. One day the patient saw this analyst's cigar quietly burning on the floor. The patient coughed to awaken the analyst, and to the patient's observation that he had been asleep, the analyst replied: 'You always want everybody's attention'. This was true of the patient; but said at that moment, it could hardly have had a beneficial effect (25), first of all, because an analytic patient is entitled to have the attention of his analyst; but also because the analyst misused the correct

observation in order to displace the guilt about having been asleep onto his patient. Had he made this remark at another time, it might have increased the patient's insight.

It is known that the wording of an interpretation considerably determines its dynamic effect. For instance, it is important to avoid psychoanalytic and theoretical terminology and to use the idiom of the patient's individual experience. Interpretations should be specific and concrete; they should also be worded so as to fit the individual situation.

The analysis of a compulsive neurotic patient required interpretation of the significance of a number of newly formed symptoms. I had to supply the terms lacking in the elliptic language of her obsessional thoughts, as expressed in her symptoms. I would propose an interpretation, to which she would respond: 'It's almost that, but not completely so'. Modifying my wording slightly, so as to correspond with her own thought, I would then succeed in making a correct interpretation. Then she would have visible vasomotor reactions, laugh, and acknowledge with unmistakable joy, 'That's it'. In such instances the symptoms would disappear temporarily. Another of my patients once reacted to an interpretation by saying, 'You missed it by a hair's breadth'.

Two technical rules of interpreting are based upon the importance of wording. First, the analyst should avoid using the same defense mechanism which his patient uses: for instance, avoid ironical expressions with patients who use irony as a defense. Second, interpretations gain when their wording explicitly or implicitly contains elements of time: such adverbs or phrases as 'now', 'before', 'at the age of', or 'after this happened', etc. Such interpretations are genetic, connecting the patient's past with his present, and vice versa. The importance of the correct wording of an interpretation is based on the fact that a neurosis, its symptoms, and the pathogenic conflicts are not static but dynamic phenomena which evolve with the patient's life. The function of interpretations is to put into words the hidden conflicts underlying the patient's symptoms; consequently, they must be adapted to the specific

relationship existing between the ego and id derivatives at a given moment.

A married patient talked, during several sessions, of being sexually attracted to several women and mentioned the effort he had to make to struggle against this attraction. Immediately following, he very clearly expressed a wish to be loved by his analyst. This need to be loved by a man at that moment was interpreted as a wish to be protected against the temptation exerted by women. It would not have been sufficient to point out the oscillation between heterosexual and homosexual tendencies; it was necessary that the wording of the interpretation imply also the structural conflict of the patient.

Freud called a certain type of interpretation 'reconstructions' (20). From the history, from associations, from dreams, etc., the analyst deduces the existence of significant events in the patient's past. Aside from these typical reconstructions, analysts sometimes use another type of reconstruction of which I should like to give a few examples.

Hartmann told me of a patient who had previously been analyzed by Freud. When the patient recounted that in his puberty he had once dreamed of having intercourse with both his mother and his sister, Freud remarked that the patient must have been very much in love with a girl at the time when he had this incestuous dream.

A patient who was familiar with analysis complained repeatedly, in the beginning of his treatment, that his wife's behavior castrated him. I suggested that what he actually wanted to express was his doubt about his wife's loving him. Although his remarks about the castrating effect of her behavior might have been genetically correct, it was important at the time when this interpretation was given to point out the relevant psychic reality—to transpose from a regressive level to a more superficial one. I would like to call this type of interpretation 'reconstruction upwards', historically as well as structurally. It is useful in the presence of regressive material, and aims, for instance, at reconstructing a relatively recent pathogenic conflict, whence the regression started.

Sometimes it is particularly valuable to reconstruct a specific point, as, for example, a forgotten emotional state which must have been present during the process that led from the defense against a pathogenic conflict to regression and symptom formation.

An example from a case history written by Mrs. Bornstein (1), is a young boy who had severe phobic states related to the birth of a sibling. In analysis, the boy's fantasies centered on a scene of a lonely boy, sitting in a hospital that had been destroyed by a fire in which all the babies and most of the mothers had burned to death. Among many possible interpretations, Mrs. Bornstein chose to tell the boy that he must have been very sad when his mother left for the hospital where she had the little baby.⁵

Another example of this kind occurred in the case of a brilliant, sophisticated young man who had a contemptuous ambivalence toward men, particularly toward his own father and father figures. The outbreak of war was then expected (in 1939 in France), and I informed my patient that in the event of war I would have to interrupt his treatment to join the army. He was not to be mobilized at that time. His aloof and nonchalant attitude toward the political situation continued, without a trace of emotional reaction of any kind, and his hostile attitude toward me became more conspicuous. The patient defended himself rigorously against sharing any emotions with other men. One day he suddenly remembered that during the first World War, when his father was a soldier in the French Army, he had spent hours drawing up elaborate comparative statistics of the respective armies, navies, and air forces. It was clear that his adolescent statistics were a magic defense against his unconscious death wishes, but mainly an expression of the wish that his father might survive and be victorious. My only interpretation at that point was to tell him that during the first World War he had been patriotic. The function and the aim of this interpretation were to bring to consciousness

⁵ Cf. Anna Freud's examples of analysis of defense against emotions (5).

the strongly warded-off emotions and positive feelings both toward his father and toward the analyst, who like his father had to leave him to join the army.

The value of this particular type of interpretation is based upon the fact that an emotion partakes, as it were, of both ego and id derivatives and thus gives access to roads leading in both directions.

We cannot conclude our inventory of interventions and interpretations without stressing that they cannot be studied independently from their corollary, the patient's reactions to them. Indeed, the dynamic effect of insight produced by interpretations manifests itself in the patient in an active psychic process. Interpretations bring forth new material, either in the form of resistance or in the form of additional details, memories, the flow of associations, information, and various changes in the intensity and in the form of symptoms, etc., revealing the dynamic effect of the interpretations. The therapeutic effects of analytic interpretations are displayed not only in objective and subjective changes in the patient, but also in verbal manifestations of, for instance, recollections formerly repressed.

It would be worth while to make a systematic study of the reactions of patients to interpretations, which might guide analysts in their successive interventions and interpretations. From such reactions analysts derive new knowledge about the patient for use in subsequent interpretations as the analysis progresses.

It has been discussed whether the remembering of forgotten events or only the work of overcoming resistances has a curative effect. The formulations given in this paper aim at a synthesis of these points of view by stating that the therapeutic effect of the analysis is due to a psychic process in which each part—the overcoming of resistances, the working through, as well as the remembering and reliving of repressed material and the effect of analytic reconstructions—has its respective place. They represent steps in the process of solving pathogenic conflicts.

I should like to add a few words about the peculiarities of interpretations and their effects. They are both based on the importance of speech in this peculiar interpersonal relationship—the psychoanalytic treatment. Freud's definition of the curative effect achieved by making the unconscious conscious was correctly supplemented by Nunberg when he stressed the importance of verbalization in analytic therapy (26). This may be best illustrated by the example of cases of acting out. There we know that the therapeutic change can be achieved only when the tendency gratified in the acting is first inhibited and then verbally expressed: then its motivation can be transformed into insight. If the utterances of the analyst have this quite unusual, I would say unique, function of inducing dynamic changes in the patient by revealing to him new aspects of his own psychic reality, the patient's utterances, his communications to the analyst, contain emotional discharges in addition to mere thought; yet, they yield insight where acting alone does not. They are social acts binding for the individual. Is it not said that unspoken words are our slaves and spoken ones enslave us? Words, then, also subserve superego functions. Spoken words become social realities; verbalized thoughts and emotions of patients lead to socialization. In contrast to solitary thoughts or dreams, spoken words become objects created by the act of speaking. Hartmann stressed the importance of objectivation for the therapeutic effect of analysis. Freud said that thinking is a trial action. One could say of speech that it is a substitute for action. Speech, being between emotional expression and action, partaking of both, is an essential prerequisite of those dynamic changes which are produced by psychoanalytic treatment.

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EGO PSYCHOLOGY AND INTERPRETATION IN PSYCHOANALYTIC THERAPY

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While during half a century of its history the development of psychoanalysis has been comparatively little influenced by simultaneous discoveries in other fields of science, the various applications of psychoanalysis have almost continuously influenced each other. It is in this sense that the history of psychoanalysis can be viewed as a progressive integration of hypotheses. The clearest interrelationship exists between clinical observations and the development of both psychoanalytic technique and theory (23, 24). The development of the structural point of view in psychoanalysis, i.e., the development of psychoanalytic ego psychology, can profitably be traced in terms of such an interdependence. Freud was at one point influenced by his collaborators in Zürich who impelled him to an intensified interest in the psychoses. This led him to formulate the concept of narcissism and thus to approach the ego not as a series of isolated functions but as a psychic organization. The second group of clinical impressions that favored the development of a structural psychology was the observation by Freud of individuals motivated by an unconscious sense of guilt, and of patients whose response to treatment was a negative therapeutic reaction. These types of behavior reinforced his conception of the unconscious nature of self-reproaches and autopunitive tendencies, and thus contributed to the recognition of important characteristics of the superego. There is little doubt that other clinical impressions to which Freud referred during these years were derived from what we would today describe as 'character neuroses'—cases in whose analyses the unconscious nature of resistance and defense became particularly clear and which, therefore, facilitated

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formulations of unconscious and preconscious functions of the ego.

However, these events were not fortuitous. Nobody can believe that the clinical impressions of which we speak reached Freud accidentally. Surely Freud did not turn to the study of psychoses merely to engage in polemics with Jung, or in response to suggestions of Abraham; nor can it be assumed that his interest in character neuroses was due only to an increase in the incidence of character neuroses among his patients during the early 1920's, and hence to a 'psychosocial' event (17)—though it is probable that such a change of frequency distribution occurred. It is obviously more sensible to assume that a readiness in the observer and a change in the objects observed were interacting.

Freud's readiness for new formulations is perhaps best attested by the fact that the principles of ego psychology had been anticipated in his *Papers On Technique*¹ (18). Most of these papers were written contemporaneously with his first and never completed attempt at a reformulation of theory, which was to be achieved in the *Papers On Metapsychology*.² The precedence of technical over theoretical formulations extended throughout Freud's development. It was evident during the 1890's when in the *Studies in Hysteria*³ Freud reserved for himself the section on therapy and not that on theory. Several years later, when his interest in dreams and neuroses was synthetized, and the importance of infantile sexuality gained ascendancy, he was first concerned with a modification of therapeutic procedure: the 'concentration technique' was replaced by the technique of free association (22). Similarly, Freud's papers on technique during the second decade of the century anticipate by implication what a few years later he was to formulate in terms of ego psychology. His advice that analysis should start from the surface, and that resistance be analyzed before interpreting content implies principles basic in ego psychology. This accounts for

¹ Freud: Coll. Papers, II.

² Freud: Coll. Papers, IV.

³ Freud (with Breuer): *Studies in Hysteria*. Translated by A. A. Brill. New York: Nervous and Mental Disease Monographs, 1936.

the status of Freud's papers on technique in psychoanalytic literature: they have retained a pivotal position and most treatises on technique have illustrated or confirmed rather than modified his rare fundamental precepts. If one rereads Freud's address to the Psychoanalytic Congress in Budapest in 1918 (11), one becomes aware of the fact that many current problems concerning the variation of technical precepts in certain types of cases, as well as the whole trend of the development that at present tries to link psychoanalytic therapy to psychotherapy in the broader sense, were accurately predicted by Freud. The development which he predicted became possible, however, through the new vistas that ego psychology opened to the earliest and probably best systematized modifications of psychoanalytic techniques, the development of child analysis by Anna Freud, the psychoanalysis of delinquents by Aichhorn, and later to some of the various modifications of technique in the psychoanalytic treatment of borderline cases and psychoses.

Not only did ego psychology extensively enlarge the scope of psychoanalytic therapy, but the technique of psychoanalysis of the neuroses underwent definite changes under its impact. These changes are part of the slow and at times almost imperceptible process of development of psychoanalytic technique. Isolated changes which constitute this development are difficult to study because what one may describe as *change* can also be viewed as *difference*, and differences in technique among analysts who share approximately the same fundamental views may be due to many factors; however, if we study the trends of changing attitudes, we are in a more favorable position.

Neither all nor most of the changes in psychoanalytic technique are consequences of the development of some aspect of psychoanalytic theory. If we reread Freud's older case histories, we find, for example, that the conspicuous intellectual indoctrination of the Rat Man was soon replaced by a greater emphasis on reliving in the transference, a shift which has no apparent direct relation to definite theoretical views. Similarly, better understanding and management of transference was probably not initially connected with any new theoretical insight. It was

a process of increasing skill, of improved ability, in which Freud and his early collaborators shared,⁴ not dissimilar to that process of a gradual acquisition of assurance in therapy which characterizes the formative decade in every analyst's development. But other changes in psychoanalytic therapy can, I believe, clearly be traced to the influence of theoretical insight.⁵ Every new discovery in psychoanalysis is bound to influence to some extent therapeutic procedure. The value of clinical presentations is that in listening to them we are stimulated to review our own clinical experiences, revise our methods, and to profit—in what we may have overlooked or underrated—from the experience of others. To assess this influence of ego psychology it is necessary to recall the ideas which developed synchronously with or subsequent to the new structural orientation: the psychoanalytic theory of instinctual drives was extended to include aggression, and the series of ontogenetic experiences studied included in ever greater detail preöedipal conflicts deriving from the uniqueness of the mother-child relation. A historical survey of the psychoanalytic literature would, I believe, confirm that these new insights were having reverberations in therapy, influencing, however, mainly the content of interpretation and not the technique of therapy in a narrower sense. A gradual transformation of technique came about largely through better understanding and improvement in the handling of resistances. In interpreting resistance we not only refer to its existence and determine its cause, but seek also its method of operation which is then reviewed in the context of other similar types of behavior as part of the defensive activities of the ego. Resistance is no longer simply an 'obstacle' to analysis, but part of the 'psychic

⁴ Such a view is not uncontested. In describing her own development as an analyst Ella Sharpe stresses the fact that only familiarity with the structural concept, particularly the superego, enabled her to handle transference problems adequately (31, p. 74). For a similar report of his early technical vicissitudes see also Abraham (2).

⁵ This naturally does not apply to all individuals. The relation of theoretical insight to therapeutic procedure varies from analyst to analyst, and there is no evidence upon which to base an opinion as to which type of relation is optimal.

surface' which has to be explored.⁶ The term resistance then loses the unpleasant connotation of a patient who 'resists' a physician who is angry at the patient's opposition. This was the manifestation of a change in what may be described as the 'climate' of analysis.

In one of his last papers Freud (12) defended analytic interpretations against the reproach of arbitrariness especially in dealing with resistance; he discussed in detail the criteria according to which, by the patient's subsequent reaction, correctness of the interpretations can be verified. In doing so he stresses an area of coöperation between analyst and patient and implicitly warns against dictatorially imposed interpretations.⁷ That does not mean that it is possible or desirable always to avoid opposition of the patient to any interpretation, but it means that through the development of ego psychology a number of changes in the technique of interpretation have come about—not 'random' changes, characteristic of the work of some analysts and not of others, but changes that constitute a set of adjustments of psychoanalytic technique to psychoanalytic theory.

ILLUSTRATIONS

To clarify issues, I cite first a simplified version of an incident in the analysis of a six-year-old boy reported by Anna Freud (6, p. 119). The visit to the dentist had been painful. During his analytic interview the little boy displayed a significant set of symptomatic actions related to this experience. He damaged or destroyed various objects belonging to the analyst, and finally repeatedly broke off the points and resharpened a set of pencils. How is this type of behavior to be interpreted?

⁶ These or similar formulations of the analysis of resistance were achieved in two steps, in the writings of Wilhelm Reich (27, 28), and of Anna Freud (6). The difference between them is significant. Reich regards the problem predominantly as one of technical 'skill'; formulations tend to be oversimplified or exaggerated. They lead to the rigorous 'resistance' or layer analysis, the shortcomings of which have been criticized by Hartmann (18). By Anna Freud, resistance is fully seen as part of the defensive function of the ego.

⁷ Waelder (33) has further elaborated this point.

The interpretation may point to retaliatory castration, may stress the turning of a passive experience into an active one, or may demonstrate that the little boy was identifying himself with the dentist and his aggression. All three interpretations can naturally be related to the anxiety which he had experienced. The choice between these and other possible interpretations will clearly depend on the phase of the analysis. The first interpretation, an 'id interpretation', is directly aimed at the castration complex. The second and the third aim at mechanisms of defense. The second emphasizes that passivity is difficult to bear and that in assuming the active role danger is being mastered. The third interpretation implements the second by pointing out that identification can serve as a mechanism of defense. It might well prove to be a very general mechanism in the little boy's life. It may influence him not only to react aggressively,⁸ but to achieve many goals, and may be the motivation of many aspects of his behavior. The interpretation that stresses the mechanism of identification is, therefore, not only the broadest, but it may also open up the largest number of new avenues, and be the one interpretation which the little boy can most easily apply in his self-observation. He might learn to experience certain of his own reactions as 'not belonging' (i.e., as symptoms) and thus be led an important step on the way toward readiness for further psychoanalytic work.

We did not choose this example to demonstrate the potentialities of an interpretation aimed at making the use of a mechanism of defense conscious, but rather in order to demonstrate that the situation allows for and ultimately requires all three interpretations. A relevant problem in technique consists in establishing the best way of communicating the full set of meanings to the patient. The attempt to restrict the interpretation to the id aspect only represents the older procedure, the one which we believe has on the whole been modified by the change of which we speak. To restrict interpretation to the defense mechanism only may be justifiable by the assumption that the

⁸ This is probably what Anna Freud means when she says that the child was not identifying himself 'with the person of the aggressor but with his aggression'.

patient is not yet ready—a valuable piece of caution, though it seems that there is a tendency among some analysts to exaggerate such caution at times. It may also happen that though we carefully restrict the range of interpretation the patient reacts as if we had not done so. While our interpretation points to the mechanism by which he wards off danger (e.g., identification), the next set of associations causes the patient to react as if we had interpreted his femininity. A sequence of this kind indicates normal progress: the interpretation concerns the warding-off device, the reaction reveals the impulse warded off.⁹

No truly experimental conditions can be achieved in which the effects of alternative interpretations can be studied. Comparisons of 'similar cases' or comparisons of patients' reactions to 'similar situations' help us to reach some useful generalizations. The occasional situation under which somewhat more precise comparisons can be made is the study of patients who have a second period of analysis with a different analyst. The need for a second analysis is no disparagement of the first analyst, nor does it imply that the first course of treatment was unsuccessful. In several instances of reanalysis in which I functioned as second analyst, the first analysis had been undertaken at a time when the problems of ego psychology had not yet influenced analytic technique, or by a colleague who (at the time) did not appreciate its importance. The initial treatment had produced considerable improvements, but the very same problems appeared in a new light, or new relationships, when interpretations of a different kind, 'closer to the surface', were 'inserted'. In a few of the cases in which these conditions existed, a published record of the first analysis was available and furnished some reliable comparison.

At the time of his second analysis a patient, who was a young scientist in his early thirties, successfully filled a respected aca-

⁹ Another apparent discontinuity or 'jump' in reaction, no less frequent and no less important, is designated by what Hartmann calls 'the principle of multiple appeal' in interpretations (18). Examples of this kind make the idea of interpretation proceeding in layers, advocated by Wilhelm Reich, highly doubtful (27, 28); see also in this connection Nunberg (26) and Alexander (2).

demic position without being able to advance to higher rank because he was unable to publish any of his extensive researches. This, his chief complaint, led him to seek further analysis. He remembered with gratitude the previous treatment which had improved his potency, diminished social inhibitions, producing a marked change in his life, and he was anxious that his resumption of analysis should not come to the notice of his previous analyst (a woman) lest she feel in any way hurt by his not returning to her; but he was convinced that after a lapse of years he should now be analyzed by a man.

He had learned in his first analysis that fear and guilt prevented him from being productive, that he 'always wanted to take, to steal, as he had done in puberty'. He was under constant pressure of an impulse to use somebody else's ideas—frequently those of a distinguished young scholar, his intimate friend, whose office was adjacent to his own and with whom he engaged daily in long conversations.

Soon, a concrete plan for work and publication was about to materialize, when one day the patient reported he had just discovered in the library a treatise published years ago in which the same basic idea was developed. It was a treatise with which he had been familiar, since he had glanced at it some time ago. His paradoxical tone of satisfaction and excitement led me to inquire in very great detail about the text he was afraid to plagiarize. In a process of extended scrutiny it turned out that the old publication contained useful support of his thesis but no hint of the thesis itself. The patient had made the author say what he wanted to say himself. Once this clue was secured the whole problem of plagiarism appeared in a new light. The eminent colleague, it transpired, had repeatedly taken the patient's ideas, embellished and repeated them without acknowledgment. The patient was under the impression he was hearing for the first time a productive idea without which he could not hope to master his own subject, an idea which he felt he could not use because it was his colleague's property.

Among the factors determining the patient's inhibitions in his work, identification with his father played an important part.

Unlike the grandfather, a distinguished scientist, the father had failed to leave his mark in his field of endeavor. The patient's striving to find sponsors, to borrow ideas, only to find that they were either unsuitable or could only be plagiarized, reproduced conflicts of his earlier relationship with his father. The projection of ideas to paternal figures was in part determined by the wish for a great and successful father (a *grandfather*). In a dream the oedipal conflict with the father was represented as a battle in which books were weapons and conquered books were swallowed during combat. This was interpreted as the wish to incorporate the father's penis. It could be related to a definite phase of infancy when, aged four and five, the little boy was first taken as father's companion on fishing trips. 'The wish for the bigger fish', the memory of exchanging and comparing fishes, was recalled with many details. The tendency to take, to bite, to steal was traced through many ramifications and disguises during latency and adolescence until it could be pointed out one day that the decisive displacement was to ideas. Only the ideas of others were truly interesting, only ideas one could take; hence the taking had to be engineered. At this point of the interpretation I was waiting for the patient's reaction. The patient was silent and the very length of the silence had a special significance. Then, as if reporting a sudden insight, he said: 'Every noon, when I leave here, before luncheon, and before returning to my office, I walk through X Street [a street well known for its small but attractive restaurants] and I look at the menus in the windows. In one of the restaurants I usually find my preferred dish—fresh brains.'

It is now possible to compare the two types of analytic approach. In his first analysis the connection between oral aggressiveness and the inhibition in his work had been recognized: 'A patient who during puberty had occasionally stolen, mainly sweets or books, retained later a certain inclination to plagiarism. Since to him activity was connected with stealing, scientific endeavor with plagiarism, he could escape from these reprehensible impulses through a far-reaching inhibition of his activity and his intellectual ventures' (30). The point which the

second analysis clarified concerned the mechanism used in inhibiting activity. The second set of interpretations, therefore, implemented the first by its greater concreteness, by the fact that it covered a large number of details of behavior and therefore opened the way to linking present and past, adult symptomatology and infantile fantasy. The crucial point, however, was the 'exploration of the surface'. The problem was to establish how the feeling, 'I am in danger of plagiarizing', comes about.

The procedure did not aim at direct or rapid access to the id through interpretation; there was rather an initial exploratory period, during which various aspects of behavior were carefully studied. This study started on a descriptive level and proceeded gradually to establish typical patterns of behavior, present and past.¹⁰ Noted first were his critical and admiring attitudes of other people's ideas; then the relation of these to the patient's own ideas and intuitions. At this point the comparison between the patient's own productivity and that of others had to be traced in great detail; then the part that such comparisons had played in his earlier development could be clarified. Finally, the distortion of imputing to others his own ideas could be analyzed and the mechanism of 'give and take' made conscious. The exploratory description is aimed, therefore, mainly at uncovering a defense mechanism and not at an id content. The most potent interpretative weapon is naturally the link between this defense and the patient's resistance in analysis, an aspect which in the present context will not be discussed in any detail.

¹⁰ The value of similar attempts at starting from careful descriptions has been repeatedly discussed by Edward Bibring. I quote his views from a brief report given by Waelder (32, p. 471). 'Bibring speaks of "singling out" a patient's present patterns of behavior and arriving, by way of a large number of intermediate patterns, at the original infantile pattern. The present pattern embodies the instinctual impulses and anxieties now operative, as well as the ego's present methods of elaboration (some of which are stereotyped responses to impulses and anxieties which have ceased to exist). Only by means of the most careful phenomenology and by taking into consideration all the ego mechanisms now operative can the present pattern of behavior be properly isolated out. If this is done imperfectly . . . or if all the earlier patterns are not equally clearly isolated, there is a danger that we shall never arrive at a correct knowledge of the infantile pattern and the result may well be an inexact interpretation of infantile material.'

The exploratory steps in this analysis resemble those which Helene Deutsch (3) describes in a strikingly similar case, in which the unconscious tendency to plagiarize ideas of an admired friend led to so severe a memory disturbance that the psychoanalytic method was used to eliminate fully the diagnosis of neurological disease. Had it been possible to obtain material from the childhood of Helene Deutsch's patient, we might have been able to link similarities and dissimilarities in the early history of both men to the later differences in the structure of their defenses and their symptomatology.¹¹ The mechanism described and made conscious in our patient's analysis, the id impulse, the impulse to devour, emerged into consciousness and further steps of interpretation led without constraint into the area which the first analysis had effectively analyzed. It is naturally not claimed that such procedures were altogether new at the time. There surely always have been analysts who approach a problem of interpretation approximately as outlined here. This type of approach has to some extent been systematized by the support and guidance of ego psychology. It seems that many more analysts now proceed similarly and that they have gained the impression that such a shift in emphasis is therapeutically rewarding.¹²

PLANNING AND INTUITION

One difference between older and newer methods of analyzing defense mechanisms and linking 'surface' and 'depth' of psychoanalytic findings to each other deserves a more detailed discussion. The advance in theory has made the interrelations of various steps in analytic work clearer and has thus facilitated communication about these problems. We can now teach more accurately both the 'hierarchy' and the 'timing' of interpreta-

¹¹ When analyzing the patient here discussed I was familiar with Deutsch's paper. Without being consciously aware of it, I followed her example when entering into the detailed examination of the patient's intellectual pursuits.

¹² In the case here discussed the analysis was interrupted by the Second World War. During its course the patient published at least one of the contributions he had for a long time planned to publish. He intended to resume analysis after the end of the war but contact with him could not be re-established at the time. I have since heard that he has found satisfaction in his home life and in his career.

tions, and the 'strategy' and 'tactics' of therapy (25). We are, however, gradually becoming aware of many uncertainties in this area. In speaking of hierarchy and timing of interpretations, and of strategy or tactics in technique, do we not refer to a plan of treatment, either to its general outline or to one adapted to the specific type of case and the specific prognosis? How general or specific are the plans of treatment which individual analysts form? At what point of the contact with the patient do the first elements of such plans suggest themselves, and at what point do they tend to merge? Under what conditions are we compelled to modify such impressions and plans; when do they have to be abandoned or reshaped? These are some of the questions on which a good deal of our teaching in psychoanalysis rests, and which are inadequately represented in the literature.¹³ The subject is of considerable importance because in using checks and controls on prediction we could satisfy ourselves as to the validity and reliability of tentative forecasts of those operations on which analytic technique *partly* depends.¹⁴

The tendency to discuss 'planning' and 'intuition' as alternatives in analytic technique permeates psychoanalytic writings though it has repeatedly been shown that such an antithesis is unwarranted.¹⁵ Theodor Reik's and Wilhelm Reich's unprofitable polemics against each other are liberally quoted in such discussions. In my opinion not only this controversy but the problem which it attempted to clarify is spurious. It is merely

¹³ See Fenichel (4), Glover (14, 15), Sharpe (31) and particularly Lorand (23) who discuss some of these problems. A group of colleagues has started a highly promising method of investigation. Long after graduation from supervised work, they continue regularly to consult with several others on some of their cases over periods of years in order to make comparisons of the analytic 'style' among the consultants. It is to be hoped that this comparison will include the problem of *prediction* in analytic discussions.

¹⁴ The idea of small teams working over a number of years (with or without institutional backing) seems rapidly to be gaining ground among analysts. The comparison of technique in general and specifically the study of planning and predicting might well be ideally suited to stimulate team work, which, if adequately recorded, might prove to be of considerable documentary value.

¹⁵ See Fenichel (4), and particularly Herold (19) and Grotjahn (16), who make similar points.

to be determined at what point preconscious thought processes in the analyst 'take over' and determine his reaction, a question which touches upon every analyst's personal experience. There are some who are inhibited if they attempt consciously to formulate the steps to be taken, with whom full awareness acts as inhibition or distraction. There are those who at least from time to time wish to think over what they are doing or have done in a particular case, and others who almost incessantly wish to know 'where they are'. No optimal standard can be established. The idea, however, that the preconscious reactions of the analyst are necessarily opposed to 'planning' seems, in the present stage of our knowledge about preconscious thought processes, to say the least, outdated (21).

Once we assume that the optimal distance from full awareness is part of the 'personal equation' of the analyst, the contribution of preconscious processes gains considerable importance.¹⁶ For one thing, it guarantees the spontaneity that prompts an analyst to say to a patient who showed considerable apprehension on the eve of a holiday interruption of analysis: 'Don't trouble, I shall be all right'. Many may at first feel that Ella Sharpe (31, p. 65), who reported this instance, had taken a daring step, and that her unpremeditated short cut went too far. But on second thought we may conclude that, provided the patient had been suitably prepared for the appearance of aggressive impulses within the transference, the wit of the interpretation may have struck home and created insight. Whether or not one approves of such surprise effects—and I confess my own hesitation—it is obvious that conscious premeditation could hardly bring them about. But even those of us who do not share the ebullient mastery of Ella Sharpe have reason to believe in the constructive contribution of intuition. Let me briefly refer to a patient who had been analyzed as a child, and whom I saw fifteen years after his first analytic experience had been interrupted through the influence of a truly seductive mother who could no longer bear to share the child with the child analyst. I was familiar with

¹⁶ See Freud's description of these relationships in various passages of his early papers (13, p. 334).

some of the aspects of the earlier analysis. Some of the symptoms had remained unchanged, some had returned, particularly prolonged states of sexual excitement, interrupted but hardly alleviated by compulsive masturbation or its equivalents, which in some cases led to disguised impulses toward exhibitionism. Long stretches of the analysis were at first devoted to the details of these states of excitement. It became clear that they regularly were initiated and concluded by certain eating and drinking habits. The total condition was designated by the patient and myself as 'greed'. In a subsequent phase phallic fantasies about the seductive mother were gradually translated into oral terms; the violent demand for love became a key that opened up many repressed memories which had not been revealed during the child's analysis. At one point, however, the process began to stagnate, the analysis became sluggish, when suddenly a change occurred. During one interview the patient manifested vivid emotions; he left the interview considerably moved and reported the next day that 'this time it had hit home'. He now understood. And as evidence he quoted that when his wife had jokingly and mildly criticized him he had started to cry and, greatly relieved, had continued to cry for many hours. What had happened? In repeating the interpretation I had without conscious premeditation used different terms. I did not speak of his *demand for love*, but of his *need for love* or expressions with a connotation which stressed not the aggressive but the passive craving in his oral wishes. Intuition had appropriately modified what conscious understanding had failed to grasp or, to be kinder to myself, had not yet grasped. This instance may serve to illustrate the necessary and regular interaction of planning and intuition, of conscious and preconscious stages of understanding psychoanalytic material. It is my impression that all advances in psychoanalysis have come about by such interactions, which have later become more or less codified in rules of technique.

Whenever we speak of the intuition of the analyst, we are touching upon a problem which tends to be treated in the psychoanalytic literature under various headings. We refer to

the psychic equilibrium or the state of mind of the analyst. One part of this problem, however, is directly linked to the process of interpretation. Many times a brief glance in the direction of self-analysis is part and parcel of the analyst's intervention. The interconnection between attention, intuition, and self-analysis in the process of interpretation has been masterfully described by Ferenczi (5):

'One allows oneself to be influenced by the free associations of the patient; simultaneously one permits one's own imagination to play on these associations; intermittently one compares new connections that appear with previous products of the analysis without, for a moment, losing sight of, regard for, and criticism of one's own biases.

'Essentially, one might speak of an endless process of oscillation between empathy, self-observation, and judgment. This last, wholly spontaneously, declares itself intermittently as a signal that one naturally immediately evaluates for what it is; only on the basis of further evidence may one ultimately decide to make an interpretation.'

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TECHNICAL IMPLICATIONS OF EGO PSYCHOLOGY

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In one of his last papers, Freud (4) wrote that in his opinion the ways in which psychoanalytic technique achieves its aims are sufficiently elucidated; therefore, one ought rather ask what obstacles this therapy encounters. However, in the analytic literature many issues, not only about the practice but also about the theory of technique, remain controversial. We shall discuss what these variations mean, and to which differences in the theoretical or practical approach we can trace them.

Progress in the development of analysis is no doubt mostly based on clinical discoveries; however, now that analysis has come of age, we realize more clearly also the promoting and interdependent roles of both technique and theory. Retrospectively, we may say that on different levels of its development, analytic technique was used in different ways, not only for the immediate therapeutic aims, but also in determining the possible scope of observation—of fact finding in general. Theoretical concepts helped at various stages and in various ways to facilitate the organization of the data observed (actually also to seeing the facts), and to advance the exactness and effectiveness of technique. In the course of its growth, an integration—at times more, at times less complete—developed among the clinical, technical, and theoretical elements into a state of reciprocal influence. Faulty theoretical concepts and incomplete insight frequently lead to faulty technique, and there are many examples of adherence to technical mistakes which leads to distortions and misinterpretation of facts.

As to the relation of technique and theory, whenever a lack of integration occurs, both aspects are likely to suffer. A gradual separation of theory and technique, commended by many,

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would prove inefficient today, as it proved inexpedient in the past. The often used comparison with certain medical specialties is misleading.

A defect in integration of both sides may also be due to one of these aspects outdistancing the other in the course of analytic development. Elsewhere I have tried to demonstrate that the lag is, for the time being, rather on the side of technique than on the side of theory and of psychological insight. The reverse obtained when Freud introduced the systematic analysis of resistances, without at first realizing all its implications for ego psychology. Today we actually know much more than we are able to use technically in a rational way. Genuinely technical discoveries—as was abreaction, and as was analysis of resistances—we do not find in the latest phase of analysis; but the body of systematic psychological and psychopathological knowledge has been considerably increased. However, an equilibrium is likely to be re-established, as has happened and proved fruitful before. For some time, at least one trend in the analyst's interest in technical problems has been following the lead and gradually assimilating the advances in psychoanalytic psychology and psychopathology: ego psychology.

While proceeding along these lines from psychology to technique, we are of course aware of the fact that psychoanalytic technique is more than a mere application of psychological theory. Freud was admittedly and intentionally rather restrained in formulating technical rules; and we are still far from dispensing a collection of technical prescriptions that would cover every given situation. To characterize the present, we may say that we know some general technical principles that help us to avoid some typical mistakes, and in the summarized experience of skilled analysts we have at our disposal a huge potential reservoir of specific technical knowledge, which, in the course of training analysis and supervision, is transmitted to students of analysis. Comparatively few systematic and collective efforts have so far been made to make this potential reservoir available on a larger scale, though, in principle, I do not see any reason why it could not be done.

In the meantime, we are trying to develop some rules somewhere in between the generality of acknowledged technical principles and the specificity of clinical experiences, some *principia media*, to choose a term used by J. S. Mill. That is to say, we study variations of our technical principles according to each patient's psychological structure, clinical symptomatology, age level, and so on. Still, considering the interaction of what we may call the aspect of rational planning in our work with its unconscious elements, we cannot but fully subscribe to what Ferenczi emphasized more than twenty years ago: the essential importance of keeping psychoanalytic technique flexible, especially when we are trying to establish what technique may gain from additional scientific insight; also in teaching one must avoid giving the student the impression that actually a complete set of rules exists which just his lack of experience prevents him from knowing. Neither shall we forget that besides the guidance by insight of our technique, every analyst's work with every single one of his patients has also a truly experimental character. There is a continuous sequence of trials and errors, as we check our technical procedures by their immediate consequences and by their therapeutic results.

The technical implications of ego psychology point first and foremost to what a closer insight into defense has taught us about the understanding and handling of resistances; but the ego being what it is, it also means progress in ways of understanding and dealing with the reality aspect of our patients' behavior. Tracing neurotic to real anxiety (1) was one decisive step and obviously an outgrowth of the fact that Freud was turning his interest to the clinical implications of ego psychology. Clearly an outcome of this is the way Anna Freud (2) approaches and deals with conflict with reality, which she constitutes as a field of concern to analysis equal to the conflicts of the ego with the id and with the superego. Thus the way was opened to a better understanding of adaptation and its role in the neurotic as well as in the so-called normal individual. Here, too, there are many practical implications, and

we do not feel that we can handle a patient's neurosis without dealing with its interaction with normal functioning. We feel that in order fully to grasp neurosis and its etiology, we have to understand the etiology of health, too. It is true that some degree of realization of all this has always been present in analysis, but the shift of accent is considerable enough to be noteworthy. That in analysis we are dealing with a patient's total personality has become actually true only since this shift in thinking, and in the corresponding technique, was realized. Likewise, the consideration of those interdependencies which we find between conflict and the nonconflictual sphere of the ego points in the same direction. As no concept of ego strength, no concept of mental health, is satisfactory which does not consider nonconflictual functioning as well as the central conflicts (3), this also has a bearing on our technique in so far as it helps to define more precisely the aims of psychoanalytic therapy.

Thinking along the same lines, and if we let our curiosity tempt us to look into the future, we may say that technical progress might depend on a more systematic study of the various functional units within the ego. To the study of the ego's relations with the id or the superego, that is of the inter-systemic conflicts and correlations, we shall have to add a more detailed study of the intrasystemic correlations. I spoke of one such unit within the ego: the nonconflictual sphere. But we have to view it constantly in relation to the units of functioning that represent the countercathexes, or the dealings with reality, or the preconscious automatized patterns, or that special functional control and integration that we know under the name of synthetic, or better, organizing function. It would be in line with much research work done today if this intrasystemic approach were to become the subject of more specific investigation. What do we mean when we say that we help the patient's ego; or, strengthen his ego? This certainly cannot be adequately described by referring only to the redistributions of energy between the id and the ego, or between the superego and the ego; shifts from certain spheres of the ego to other

functional units within the ego are involved. No definition of ego strength would I consider complete which does not refer to the intrasystemic structures, that is, which does not take into account the relative preponderance of certain ego functions over others; for instance, whether or not the autonomous ego functions¹ are interfered with by the defensive functions, and also the extent to which the energies the various ego functions use are neutralized. No doubt what Freud says about resistances in a certain sense being segregated within the ego (5), or about splitting of the ego in the process of defense, or what Richard Sterba says about the splitting of the ego in analysis (6), are examples of intrasystemic thinking, and I could give quite a few others. What I want to state here is that those insights have so far been gained as by-products rather than as results of a consistent scrutiny of intrasystemic synergistic and antagonistic relations, and that in many instances in which we speak of 'the ego', a differential consideration of various ego functions is indicated.

All this is to show that analysis is gradually and unavoidably, though hesitantly, becoming a general psychology, including normal as well as pathological, nonconflictual as well as conflictual behavior (the two oppositions do not coincide); and that technique is likely to profit further from this development as it has constantly done since this trend was started by Freud.

I have not explicitly mentioned so far that aspect of ego psychology which we usually designate as the structural point of view. Freud's older conception of the psychic apparatus described it in three strata: the conscious, the preconscious, and the unconscious. The most incisive change which took place in Freud's model of psychic personality can be pictured as adding to its description as a series of layers its representation as a (more or less) integrated whole, subdivisible in centers of mental functioning—these substructures being defined by their functions, and their demarcation being based on the fact that empirically he found greater coherence among some func-

¹ In a later paper (4) I tried to define more precisely primary and secondary autonomy.

tions than among others (7). This facilitates a multidimensional approach and, so far as psychoanalytic psychology and therapy goes, it has been rather generally accepted as being more useful in giving account of the dynamic and economic properties of mental life. In technique the concept of stratification proved very useful and still is, in so far as making unconscious processes conscious by way of the preconscious is probably the one main and constant factor responsible for our therapeutic results. However, based on the concept of layers and on resistance analysis—maybe because technique at times too violently encroached upon theory—the concept of historical stratification was developed by Wilhelm Reich (8), and with it a picture of personality that is definitely prestructural, in terms of the development of psychoanalytic psychology. Nunberg (9) had early warned against this simplification. Fenichel, too, in his book on technique (10), realized some of its shortcomings and held that certain character disturbances show spontaneous chaotic situations in analysis; and that displacements of the psychic layers may be brought about by the patient's current life, as well as by instinctual temptations or re-enforcement of anxiety. We may add that the factors counteracting the establishment of a clear-cut picture of historical stratification seem to be much more numerous. Displacements of historical layers are quite generally an essential part of mental life, as we see it in analysis. Without wishing to discuss that particular theory, it is mentioned in this connection because this approach—not the truest to fact, but obviously containing some truth—had the advantage of linking in the simplest and most radical way the 'correct sequence of interpretations' with the patient's life history; and also because, after having outlived its usefulness in this radical form, it may have become more or less of a handicap. It may still be responsible for a certain rigidity in our approach, while we try to utilize more fully in our technique the implications of a structural versus a one-sided 'layer' concept.

There is no doubt, however, that a great variety of approaches is gradually converging in this direction. This most

clearly appears if one traces the subsequent vicissitudes and implications of the application of Freud's formula, 'bringing unconscious material into consciousness', in the development of psychoanalysis. The formula remained, while its meaning was broadened and deepened by Freud's growing insight into the structure of the neurotic conflict. Its topical significance had already been understood at the time of the *Studies in Hysteria*. But soon Freud found that just to give the patient a translation of the derivatives of his unconscious was not enough. The next step was characterized by a more exact insight into the dynamic and economic problems of resistance, and by laying down accordingly rules for the 'what', 'when', and 'how much' of interpretation; it was defined in its main aspects in Freud's papers on technique, published in 1913, 1914, and 1915. He advised the analyst not to select particular elements or problems to work on, but to start with whatever presents itself on the psychic surface, and to use interpretation mainly for the purpose of recognizing the resistance and making it conscious to the patient. Certainly not every analyst works exactly this way even today. Still, these are the fundamentals of what we may call the standard analytic technique. Thus, 'making the unconscious conscious' is invested with additional significance. The corresponding basic psychological progress is defined in Freud's papers on metapsychology.

Some years later, in the twenties, these principles became the subject of a thorough study, of active discussion, elaboration, and partial modification by other analysts. Soon this discussion came under the impact of the delineation of units of function (ego, id, superego), that is, of the structural aspect. Here, once more a fruitful interdependence of theory and practice became apparent. The unconscious nature of resistance, a fact found through clinical observation under the conditions of the analytic therapy, became a cornerstone in the development of Freud's later formulations of the unconscious aspects of the ego. No less important was the reverse influence of theory on clinical practice with patients. First of all, ego psychology meant, and means, a broadening of our field of

view. 'Good' theory helps us to discover the facts (for instance to recognize a resistance as such), and it helps us to see the connections among facts. This part of our psychology also gives a deeper understanding of the forms and mechanisms of defense, and a more exact consideration of the details of the patient's inner experience and behavior; corresponding to this, on the side of technique, is a tendency toward more concrete, more specific interpretation. This approach includes in its scope the infinite variety of individual characteristics, and a degree of differentiation which had not been accessible to the previous, somewhat shadowy knowledge of ego functions. It also sharpened our eyes to the frequent identity of patterns in often widely divergent fields of an individual's behavior as described by Anna Freud.

One problem connected with this development I would like to discuss briefly here: speech and language. Freud found that in the transition from the unconscious to the preconscious state, a cathexis of verbal presentations is added to the thing-cathexis. Later, Nunberg (*II*), already thinking along structural lines, described the role of the synthetic function of the ego in this process toward binding and assimilation. One may add that the function of the verbal element in the analytic situation is not limited to verbal cathexis and integration, but also comprises expression. I am referring to the specific role of speech in the analytic situation. This, too, contributes toward fixing the previously unconscious element in the preconscious or conscious mind of the patient. Another structural function of the same process is due to the fact that the fixing of verbal symbols is in the development of the child linked with concept formation and represents one main road toward objectivation; it plays a similar role in the analytic situation. It facilitates the patient's way to a better grasp of physical as well as psychic reality. Besides, the action of speaking has also a specific social meaning inasmuch as it serves communication, and in this respect becomes the object of the analysis of transference. There is also, of course, in speech the aspect of emotional discharge or abreaction. Finally, the influence of

the superego on speech and language is familiar to us, especially from psychopathology. This is to say that the different aspects of speech and language, as described by psychologists and philosophers, become coherent and meaningful if viewed from the angle of our structural model, and that in this case actually all the structural implications have today become relevant for our handling of the analytic situation. In trying to clarify the technical aspects of the problems involved, we are actually following the lead of structural psychology.

The necessity for scrutinizing our patients' material as to its derivations from all the psychic systems, without bias in favor of one or the other, is nowadays rather generally accepted as a technical principle. Also we meet many situations in which even the familiar opposition of defense and instinct is losing much of its absolute character. Some of these situations are rather well known, as is the case in which defense is sexualized or—equally often—'aggressivized' (if we may use the expression); or instances in which an instinctual tendency is used for defensive purposes. Most of these cases can be handled according to general rules derived from what we know about the dynamics and economics of interpretation as, for instance: resistance interpretation precedes interpretation of content, etc. In other cases these rules do not prove subtle enough; unexpected and sometimes highly troublesome quantitative or qualitative side effects of interpretations may occur. This, then, is a problem that clearly transcends those technical situations I gave here as illustrations. If such incidental effects occur, our dosage or timing may have been wrong. But it may also be—and this is the more instructive case—that we have missed some structural implications though correctly following quantitative economic principles. It may be that we have considered this quantitative aspect of a resistance only and have not considered precisely enough how the same quantity may involve the various functions of the ego and the superego in a different degree. While concentrating on the analysis of a resistance, we are actually working on many parts of the field at the same time. But we are not always mindful of the possible side effects if we

focus too exclusively on the duality 'defense—warded-off impulse' only. General rules about the dynamics and economics of interpretation are incomplete as long as we do not consider that, besides the quantitative factors, the resistances represent also the ways in which the various psychic functions, directly or often indirectly, participate in defense—'participation' pointing to intersystemic and intrasystemic correlations, including also their genetic aspects, which here refers to the memory systems. Of course, we do know something about how to handle different forms of resistance differently even when they appear to be equivalent when looked at from the economic angle. I made my point only because I feel that this structural aspect of interpretation is still less completely understood and less explicitly stated than its dynamic and economic aspects. One day we shall probably be able to formulate more systematically the rational element of our technique, that is 'planning' the predictable outcome of our interventions, with respect to these structural implications.

This will in part depend on progress in a familiar field of analytic research: a deeper understanding of the choice and of the quantitative aspect of defense mechanisms, of their chronology, typical and individual, but above all else, of their genetic and economic interrelatedness with other functions of the ego. To touch at least on one of the genetic problems involved, we can assume that many defense mechanisms are traceable to primitive defensive actions against the outside world, which in part probably belong to the ego's primary autonomy, and that only later, in situations of psychic conflicts, do they develop into what we specifically call mechanisms of defense. Also, we can say of many of them that after having been established as such, they become in a secondary way invested with other functions (intellectualization, for example). This makes for a complicated overlapping of their role as resistances with various other functions they represent. It is because of this, that if we want to analyze defenses in a rational way, we have to consider their structural, their intersystemic or intrasystemic ramifications, beyond the aspect of resistance they offer to analysis.

This is, of course, known in principle, but in a way our knowledge in this respect is not always specific enough. Genetically, some of the pertinent questions of structural psychology can be viewed from the angle of what, borrowing a term from biology, we may call 'change of function' (12) and of what I call 'secondary autonomy'.² It means relative functional independence, despite genetic continuity, and invites marking off more clearly the functional aspect from the genetic one. This relative independence may be more or less complete. In some cases it is practically irreversible under the conditions of 'normal', everyday behavior. But we know from experience that even in many of these instances reversibility can be observed under special conditions, as in dreams, in neuroses and psychoses, and in analysis. It is because of this that the development of secondary autonomy can be made fruitful for the study of those phenomena of overlapping and of ramification which I have just mentioned.

I return to the problem of the incidental effects of interpretation, which frequently transcend our immediate concern with the specific drive-defense setup under consideration, and which are not always predictable. In trying to account in a general way for these and related observations stemming from various clinical sources, we assume that the process set in motion by a stimulus (interpretation being only one instance in question) produces not only, so to speak, 'local' reactions. It goes beyond the stimulated 'area', changing the balance of mental energies and affecting a variety of aspects of the dynamic system. This process activates or sets in a state of preparedness elements functionally and genetically connected with it; its appeal often reaches from one system into the others, and its unconscious side effects may transcend the barriers of counter-cathexis. It would, however, be rash to assume that these 'connections' can always be fully understood in terms of the principles of mere associationism. In contrast to the associa-

² In describing similar phenomena, Gordon Allport (13) has used the term 'functional autonomy', approaching the problem from an angle that is closer to psychoanalytic thinking than he seems to assume.

tionist approach, we imply the presence not only of dynamic but also of structural factors. Also, psychoanalysis, while often using the language of associationism, has from the very first differed from it and does so even more since principles of organization and structure have explicitly become an essential part of our theory.

What I have in mind could be designated briefly as the 'principle of multiple appeal'. I wish to introduce this approach tentatively, without discussing alternative propositions. A somewhat similar physiological conception has been advanced by brain physiologists, some of whom use the term 'resonance effect'. I also want to mention that Federn (14), to some extent, thought along similar lines in trying to prove his point that there is, in the brain, conduction not based on neural pathways—which, however, has no immediate bearing on our problem.

In considering changes in cathexis less as isolated phenomena, but rather as occurring in a 'field', we are in agreement with a trend in modern science that has proved its fruitfulness in a great variety of domains. I think that as to the phenomena considered here, the introduction of the field concept may facilitate understanding. But I must add that to translate the whole of analytical psychology into field psychology seems hardly feasible without doing it considerable violence—despite the repeated demands voiced by representatives of field theory in psychology.

As in this short paper I have touched on a long list of subjects, I shall summarize. In comparing theoretical and technical development, I believe that the lag today is rather on the side of technique. In the process of gradual replacement of the older layer concepts by structural concepts, not all the implications have so far been realized. One example is given of how the gradual realization of structural thinking has evolved and helped toward a better understanding and a better utilization of analytical material, in discussing the structural implications of speech and language in analysis. On the tech-

nical side, our technique of interpretation has so far been better understood and made more explicit in its dynamic and economic than in its structural aspects. Certain incidental effects of interpretation which, though familiar to all of us, have not yet been taken sufficiently into account by our theory or technique, need closer investigation. In concluding I try to show that it may prove useful to view certain related problems of psychoanalytic psychology from the angle of a principle of 'multiple appeal'.

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EARLY DEVELOPMENT OF THE EGO: IDENTIFICATION IN INFANCY

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INTRODUCTION: EGO-DEFECT AND EGO DEVELOPMENT

In several previous papers (11, 12, 13) I introduced the extensive and difficult topic of the relationship between adult ego-functions and early development of the ego, especially during the first two years of life. The need for such studies had been clearly indicated by several clinical analyses (7, 8, 9, 10) which showed that the pathology of psychoses, and also that of many character problems, was primarily the result of defect in functions usually considered components of the ego. These personalities differ in their essential dynamics from what is characteristic of the psychoneuroses. The symptoms are not primarily the result of a healthy ego's defense against an unresolved infantile conflict; they result from a fundamental inadequacy of some essential function of the ego itself. These studies suggested, therefore, that such defective functions are end results of failures in ego development—failures, however, at much more immature stages of ego development than those already extensively appraised by analysis.

We have, therefore, grouped such personality problems together as different varieties of 'ego-defect' neuroses. Many of these ego-defect neuroses are psychoses. Others do not present the symptomatology or gross maladaptation of a psychosis; from a social standpoint they are nonpsychotic and resemble the psychoneuroses in so far as they are capable of useful, self-sustaining adjustments within the social system, while from a psychodynamic viewpoint they are more closely related to the psychoses in that the functional incapacities of

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the individual result from failure to develop some type of essential integrated functioning at some time during the development of the ego.

Thus a schizoid personality (7) shows pronounced defects in the repression of infantile fantasies and other modes of thinking which is essential to normal adjustment. There is also in this kind of person a fundamental incapacity for genital reciprocity with others, and an excessive need to exploit dependent relationships and infantile types of environmental mastery in order to maintain a position within the social structure. The paranoid personality (9) is dominated by his intuitive awareness of the primitive hostility of others, but is defective in his common-sense judgment of the real intentions of others, and so lives in fear and suspicion that they intend to retaliate for his own aggressions.

The passive feminine character (8) presents still another type of ego-defect in that he lacks the normal capacity for either erotic or social assertion of his active desires. The neurasthenic is limited in his capacity to strive for work pleasure (13). That the pathology of these several personality types and of a variety of allied conditions is primarily a defect in the development of the ego becomes especially clear when we compare them with the neurotic character who typically resolves his conflict by acting out, and when we contrast the pathology resulting from the exploitation of a highly developed executant function of the ego in neurotic acting out with pathology resulting from a fundamental inadequacy of an integrated function.

The definition of ego-defect neuroses, however, does not solve a problem; it poses one. It is a descriptive formulation and it requires intensive elucidation in terms of the functions and development of the total personality. An answer to any problem of ego-defect in an adult personality therefore requires a more comprehensive analysis of normal ego development than has yet been achieved or even attempted, and we are forced to recognize clearly that study of the ego by both Freud and his followers has largely been confined to the analysis of defense mechanisms. Vitalizing and clinically rewarding as modern

ego psychology has proved itself to be, we should recognize that so far it deals chiefly with mechanisms which presuppose an ego of considerable maturity. When this is understood, we can appreciate that ego psychology to date has scarcely recognized its failure to compare infantile and childhood ego organization, in spite of the parallel historical contribution of psychoanalysis to ontogeny in the field of instinctual development and fantasy; and it has also almost completely neglected to evaluate the primary functions of the ego, those this author has called the 'executant functions'¹ in contrast to the 'defense mechanisms', functions whose role is effective performance, not merely the avoidance of anxiety (11, 12, 13).

The levels of development at which we must seek the origins of ego-defect antedate the complex and highly integrated ego which is capable of normal repression, reality testing, and subordination of instinctual needs to guilt mechanisms. At such early levels the primitive ego has as yet achieved some measure of autonomy and self-determination only in respect to isolated components of the total structure, such as ocular fixation, feeding, the rudiments of language, and the control of such elementary responses of hands, arms, and legs as reaching and crawling. In a previous paper (12) I discussed some of the phenomenology of these 'partial ego-functions'² of infancy, and their role in the development of mature capacity for executant integration. I suggested that each of these 'partial ego-functions', suckling, for example, may in its own right have reached a high stage of efficiency and adaptability; but there is in the first year or so of life no integration of these elementary patterns into the complex units which characterize the total personality of later infancy and childhood, and only

¹ This statement is not so valid now as when this paper was originally presented. In the intervening years there has been increasing recognition, both among child analysts and students of the psychoses, of the importance of inadequate ego-function. Nonetheless, these comments are still worth consideration in appraising most of Freud's discussion of the ego, as well as that of other analysts till very recent years.

² Edward Glover (6), has described similar components of development which he calls the 'ego nuclei'.

the rudiments of an ability to utilize partial functions in the service of goals requiring complex integration exist. The infant learns, for example, to suck for pleasure, then to use its fist and fingers to pick up things in order to enjoy them with its mouth; somewhat later it can crawl in order to grasp its rattle, and still later by gesture and selected sounds indicate a verbal distinction between phonetic symbols for itself, its mother, and the random sounds it makes. Each such performance is a vital stage in the adaptation of partial functions to more and more complex efforts of the organism, and is essential to the development of a healthy ego; but in every case the partial function is at first rudimentary and precursory—it is a stage on the way to those complex levels of capacity for achievement with which analysts are most familiar.³

We have further indicated that such use of any partial function resembles far more complex activities of the adult ego in that it yields 'work pleasure', that is, primary pleasure in effective integrated performance. This function acts in accordance with one fundamental law, which we called the 'work principle' (13): the organism strives to experience a type of pleasure whose source is independent of libidinal aims, though it is generally synchronized with them, from the skilful use of all instrumentalities, sensory, intellectual, and motor, which serve to control or alter an environmental situation. Furthermore, the work principle itself is apparent at all levels of

³ In this earlier discussion of the infantile ego (12), it seemed reasonable to recognize the following as basic principles which are revealed in its development: 1, each partial ego-function (e.g., grasping, phonation, crawling) is first manifested as a stereotyped behavior pattern when the essential physiological apparatus for its performance has matured; 2, the development of each follows a general sequence, namely, reflex function, cortical inhibition, and finally a motor function which may be adapted to various situations; 3, there is during this development of each new partial function a stage of constant practice of the partial function exhibiting characteristics very like or identical with the repetition compulsion; 4, this repetitive phase of the partial function terminates when skilful use of the function, loss of stereotypy, and ability to adapt it to various situations have been acquired or, we may say, 'learned' from practice and experience, and is restored regressively when conflict, anxiety, or ego-defect necessitates a neurotic adaptation.

ego development, though the functions which manifest it vary greatly at different levels of maturity. This is obvious when we compare, for example, its manifestations in the obsessional and the schizoid, the executive and the artist, or the achievements of the adult and those of the infant.

These previous contributions, therefore, arose from the necessity of studying the early stages in the development of integrated activities in order better to understand the origins of ego-defects in certain personalities with which we are clinically familiar. They dealt primarily with the inherent biological tendencies of the human organism to develop sequentially partial functions which serve the need to deal with the environment effectively, and which become more and more complexly integrated as development proceeds. In this paper we shall consider how the impact of emotional and realistic forces from the environment upon the infant affects the development of these functions, for among the most important results of early interpersonal relations would appear to be the tendency at any stage of development to identify with some aspect of cathected objects. The present paper is designed to discuss the effects of identification on the development of the infant, and the probable mental states in infancy which give rise to such early identification. Before embarking on this task, however, it seems essential first to be clear about what we call 'identification' in early infancy, and how it differs from the later types of identification with which we are most familiar; and then to define the psychological conditions which give rise to early identifications.

TYPES OF IDENTIFICATION

For the purpose of this paper, I shall define the primary meaning of 'identification' as a psychological process which originates in the wish to be like another individual in some way, and eventuates in the assimilation of these attributes of the other into stable and quite permanent elements of the total personality. The emphasis of this definition is on the permanence of those personality attributes which result from the process. Full

identifications, therefore, contribute to personality development, affecting permanently the way an individual's personality henceforth adapts to certain situations. In this sense, identification is a normal and essential factor in development, an inevitable consequence of inevitable relationships with other people, a basic mechanism in the maturation and molding of personality which is initiated by the impact of other people upon it.

There are, however, a number of other well-recognized processes commonly if loosely referred to as 'identifications' which do not entirely fulfil the criteria of this definition. Several of these types are incomplete forms of identification, though probably rooted in the same basic process, and these can be distinguished by qualifying words. Thus '*symptomatic identification*', the first type described by psychoanalysis, occurs in hysteria when the symptom represents fulfilment of a wish to be like another person in some way. '*Transient identifications*' are common in the play of children and during analytic treatment; they gratify intense wishes to be like another, but do not contribute to permanent changes in personality. '*Rudimentary identifications*', especially conspicuous in schizoid reactions to people, show the beginning of a process of identification which is not carried to completion. We mention symptomatic, transient, and rudimentary identifications to state that these are not our subject here, and, parenthetically, to emphasize the need for clearer differentiations of these several types.

Much more important to us is the distinction between identifications in terms of that portion of the personality whose development is affected. Thus superego formation results from those types of identification most adequately described by Freud. These consist of those identifications with the attitudes of people in authority who are ambivalently loved, and they are instituted by the instinctual frustrations imposed by other individuals, and result in the automatic and largely unconscious denial of impulses by the personality itself. To be clear about our further discussion, we wish to emphasize that identifications leading to superego formation involve the more mature object

relations of an older child, while those identifications which contribute to basic ego development result from much earlier and more primitive relations of the infant with its objects.

It is '*ego-identification*', however, which is the special topic of this paper. Such processes are initiated by reactions to other people in early infancy, and result in permanent effects on the development of executant functions, on both the simpler partial functions and on the more complex later integrations. In contrast to superego identifications, there has been little special study of the earlier development of ego-identifications, and we should be careful to recognize certain fundamental differences between ego-forming and superego-forming identifications. Whereas a well-organized superego has been shown to be a product of resolution of the *œdipus* complex, those identifications which contribute to the basic structure of the ego occur very much earlier in life. They, therefore, are established at a stage of development when the foundations of the personality are not yet stabilized and when the relationship of the infant to others is relatively primitive, involving partial rather than total cathexes of the object, and responses to the frustration of primitive needs, rather than prohibitions resulting from highly developed object relations; furthermore, by definition, ego-identifications are consequences of object relations which affect the development of executant functions. In contrast to superego formation, early ego-identifications are derived largely from the mother's way of doing certain things, rather than from her prohibitions against what the child wants to do. Ego-identifications therefore contribute largely to a growing capacity to deal effectively with the external world. Certainly these processes long antedate superego formation.

It is, therefore, well worth while to consider certain essential differences in the conditions giving rise to these several types, so as not to interpret the ego process falsely in terms of what is already understood about the later phase. We have previously pointed out (11) that the superego arises from a typical three-person, or '*triadic*', situation: subject, love object, and rival.

The resulting ambivalence conflict centers in the hatred of a rival who is also loved, for example, the father in the oedipus complex. The castration anxiety fomented by the triadic situation is, therefore, referred to the secondary love object, the rival for mother's love. Repression is the most important defense at this level of maturity, and the resultant identifications become the basis of the superego. Ego-identification likewise originates in ambivalence to a love object; but it is an earlier type of ambivalence, a two-person ('diadic') relation, producing love and hatred of the primary object. Such an object relation involves more primitive, destructive hostility than sadism, and produces more intense fear of retaliation, which is defended by avoidance of the real situation (inhibition and projection, rather than repression); moreover, in the earlier diadic object relation which gives rise to ego-identification, identification is based upon partial object cathexes rather than total object relations. The infant originally would experience a desire to kick, or spit, or cry, rather than strive for patterns of total behavior manifested by the object; it is such responses to frustration which give rise to the early ego-identifications we are discussing.

We have already discussed (12) how partial ego-functions are initiated by biological processes in development, and our present problem is how the capacity to adapt these functions to more complicated tasks is affected by using them to fulfil the desire to act like others, how they are selected and their use excited by the desire to behave like other people. We do not suppose that such a need to identify with motor, and later with intellectual activities creates the motor function or the intellect; we do assume it exerts a profound influence upon the selection of partial functions which are most exercised and eventually stabilized as modes of behavior characteristic of an individual.

We may also suppose that many of these complete identifications with components of the object's ego are initiated by imitation, defined as the more or less voluntary and playful reproduction of another's behavior, and that observation of

imitative behavior will be our point of departure in the future study of such phenomena. This does not, however, imply that all imitation leads to identification in the sense of permanent personality components. At three months a baby has been seen to watch an adult crossing his fingers, then consistently to imitate this motor act, while there is only random evidence of such finger-crossing when the adult sets no example. At six months peekaboo is easily taught the baby, a striking example of the ability to select and learn motor acts by imitation. Evidence of similar spontaneous activity is often seen in the sitting posture, the swinging of a leg, the gesture of a hand which sometimes makes the baby appear a 'chip off the old block'. Lasting facial characteristics, and the mode of crying and phonation, whether 'mummy' or 'ma-ma' is selected by the infant for verbal expression, also show how imitation early in development may initiate identification processes which contribute to the development of partial functions of the ego.

DEVELOPMENT OF OBJECT RELATIONS IN INFANCY

When we consider our general knowledge of the dynamics of conditions which promote identifications permanently affecting structure, we may come nearer to understanding at what time the infant can begin to identify. The process, so far as we can judge, is always the consequence of an emotional relationship to others, and one which is ambivalent, for the provocation seems to be always reducible to experiencing some kind of envy of the power of the one who frustrates. We can then reasonably place the beginning of ego-identification, theoretically, at any rate, not in terms of months but in terms of the chronology of mental experience, and can assume with reasonable certainty that this development is characterized by the experience of frustration by another person, and that this in turn depends upon development of the capacity to recognize another person as external to himself, at least in a rudimentary way. Some kind of knowledge of a person must antedate love and hate of that person.

Our task then is how to conceive the early development of an object relation, defined as the libidinal cathexis of an image which represents the object in the mind. We have no reason to suppose that a mental discrimination between an object and the self exists at birth, and we observe at that time that capacities to control the environment are limited to a few functions, such as breathing, suckling, and crying. But we have every reason to assume for the newborn a vivid mental experience which is predominantly sensory. We are long accustomed to emphasize the exquisite pregenital sensations of the buccal mucosa, but have paid little attention to the probability that afferent impulses from viscera, especially the digestive tract, and also from the muscles and the skin, are also major components of the neonate's sensorium, and far more exquisite in their pain-pleasure values than in later life. Development from this stage to the stage of sensory experience at which a pain threshold has been established, visceral and kinesthetic sensations subordinated, and conscious experience largely dominated by the special senses is one which has not been extensively explored. But we may recognize that the development of the special senses, and especially their discriminatory function, is an essential precursor of any true object relation as defined above. This does not contradict the fact that another person, the future love object, the mother usually, has already contributed richly to the infant's mental experience. But before there is some kind of image of that person, he cannot be loved nor hated. It is from sensory experience that the perception of an alter as distinguished from the self emerges, and that a sense of relationship between pleasurable sensation and accompanying exteroception of another is derived.

It would seem that the first precursors of a mother image would be the association of perceptual stimuli which she produces with such sensory experiences as warmth and touch, muscle position when lifted, oral and gastric pleasures. These stimuli may at first be such primary but undiscriminated perceptions of an exterior world as intensification of light, creak-

ing of stairs, footsteps, her breathing, even her muscle tonus or warmth.⁴

But another development besides perceptual discrimination is essential to the establishment of true object cathexis; for infantile pleasure in itself is not love; it is sensory experience, not libidinal gratification. We may, however, presume that certain pleasures of like kind are repeated and lead to an expectancy of recurrence which produces a need experienced as unpleasant tension until the appropriate pleasure is produced again. When this tension is productive of visceral experience distinct from a mere itch in the desired spot, the infant can be correctly said to have emotional need, or aim-directed instinct. And when there is awareness that the gratification of such tension must await those external perceptions which are the early mother image, we may truly speak of rudimentary mother love—of the existence of an object need which is felt.

The earliest object cathexis should therefore be thought of as a psychological consequence of perception of the environment, discrimination of specialized perceptions, association of pleasure with fragmentary perceptions of mother, and an unpleasant visceral tension which is relieved repetitively by the coincidence of these perceptions of the mother and specific pleasure. As long as mental living is the sum total of sensations, and only that, the psyche will be dominated by the pure experience of pleasure-pain—what might be called 'primal pleasure', a conception possibly identical with Freud's idea of the autoeroticism which precedes primary narcissism (4).

But any organization of functions for the attainment of pleasure and avoidance of pain is still lacking; the cry of hunger is a response to need, but not a response to the perception of an object which was previously associated with satisfaction of the need. When, however, some aspect of the mother (visual, auditory or kinesthetic image) has been recognized as the agent

⁴ The visual aspect of this image, and especially the historical development of the recognition of the mother's face, as described by René Spitz (15), is the most adequate, if not the only contribution to research by direct observation in this field.

of an anticipated gratification, the hunger cry has become a demand for that person, or the fragmentary perceptions of that person, which have repeatedly accompanied oral gratification.

Without attempting to define the emergence of the love of mother more academically, we may recognize certain pre-eminent consequences of her early recognition. Mother (in whatever degree she is mentally represented) becomes at once not only a source of pleasure, but a source of pain as well. Emotional need for her immediately subjects the infant to emotional frustration by her, and henceforth the balance of gratification and frustration will be a constant determinant of its life experience. Mother is, therefore, inevitably the first object of love, but also of hatred, and the infant is henceforth confronted with the basic problem of how to solve this earliest ambivalent conflict—how to achieve the goals of love and endure or avoid its frustration.

Bit by bit many devices for dealing with failure to obtain gratification are developed. Habitual utilization of a certain constitutional tolerance of frustration, and increase of its threshold, is a major factor at any age in healthy limitation of the ego in its quest of unobtainable goals. Other mechanisms for dealing with ambivalence are displacement, which probably occurs early, substitution of pleasure goals, and eventually, when several love objects are discriminated and the triadic situation is established, the splitting of ambivalence. There is above all development of the reality principle, the ability to postpone gratification, as the most important mechanism of the mature ego for avoiding intolerable frustration.

EGO-IDENTIFICATION MECHANISMS

This hypothesis that ego-identification is initiated by the maturation of the necessary psychological conditions for primitive, ambivalent object cathexis is in line with our knowledge of all other basic psychological processes—that each is mentally activated when it has become biologically possible. If, therefore, we accept the hypothesis that identification begins when a desire for repetition of pleasure has come to be an emotional

demand for those stimuli emanating from the mother which have accompanied that specific pleasure in the past, we are able to envisage a psychological field without which an identification process cannot exist. This seems a sounder hypothesis at our present state of knowledge than any effort to ascribe the beginning of identification to any specific age or level of libidinal development.

It is also clear that the earliest ego-identifications must involve only partial functions of the infant's ego, and only partial objects, for only partial functions and partial object perceptions have matured at this stage, and are not yet elaborately integrated with each other. This is a stage of development which is not only preöedipal, pregenital, preverbal, and premoral, but a stage prior to integration of the partial functions and to cathexis of the total object. The development of the integration of sensory experience into discriminated and cathected categories of associated experience, so that self and environment are clearly distinguished, and the development of partial executant functions, represent a vast growth of the potentialities of the neonatal psyche; they constitute essential stages on the way to the ego we are familiar with—the mature organization of elaborately integrated functions.

The conditions which produce ambivalence, namely, the experience of helplessness and the incapacity of avoiding emotional frustration by another, are resolved by attaining the power to do a thing oneself. So ego-identification may either produce the capacity actually to exert power originally attributed to another, e.g., to handle a spoon in the way the mother handles it, so the baby will not be frustrated when she delays feeding it, or, when the baby's physiological capacity to reproduce the actual function is inadequate, identification may result in the use of substitute partial functions; this is illustrated by Freud's example (2) of the baby who throws a ball and pulls it back in order to achieve in fantasy the power of bringing mother back when she has left the room.

The conditions provoking a specific ambivalence conflict, and the type of function attained by resulting ego-identification,

vary greatly. Of these variable factors, the most important is the stage of emotional and ego development which exists when the specific conflict occurs.

Ego-identification is not restricted to reproducing the real powers of the thwarting object; it also achieves powers attributed to the object by the infant's fantasies. Identification with these produces an ego in quest of omnipotence and may eventually produce behavior ruinous in adult life. At another stage in development the power of the object will be conceived sexually and identification then becomes the nucleus of a phallic personality, or of those phallic traits of character discussed by Lewin (14), Brunswick (1), and others. The boy may identify with components of the mother's maternal functions, producing an ego which preferentially utilizes skills devoted to creative goals, or else fantasies that suckling and feeding confer power which is sought through passive relationships. Thus envy leads to a great variety of ego-identifications, each affecting the development in a different way, and each largely determined by the phase of development at the time it occurs.

The actual process, or mechanism, of ego-identification is even less well understood than either the motives which activate it or its consequences. The fact that 'identification' and 'introjection' have come to be used so commonly, but so thoughtlessly, as synonyms results from the incontestable fact that empirical evidence from psychoanalysis abundantly shows that acceleration of the process of identification is commonly accompanied by an abundance of oral, and especially cannibalistic, fantasies. This fact is especially clear in the analysis of cases which confirm Freud's view of the role of total ego-identification in mourning and depression (3). We might also suppose the evidence adduced here that early forms of identification originate during the stage of oral primacy of the libido gives some confirmation to the idea that identification is a complex process resulting from the ambivalent desire to devour the object.

Yet the conclusion that introjection and identification are synonyms is unjustified. Introjection is a wish to incorporate,

a fantasy; identification a process, and we should not assume that introjection is impelled by oral-sadistic motives alone. Occasionally it is definitely associated with other fantasies, such as the visual fantasy of one patient: 'I feel as though my eyes reached out and took him inside me'; or the anal fantasy of another: 'If I could get him in my anus, I could keep him there'.

From a broader perspective, identification may be considered very closely related to the process of learning. Psychologically, learning is something more fundamental than education, definable as formal or informal conscious mental discipline. It is the sum of those processes by which the personality utilizes experience to comprehend and manipulate the environment.⁵ To gestalt psychology particularly we owe our knowledge that learning is the most essential aspect of development. It remains, especially for psychoanalysis, to clarify the emotional activation of these learning processes.

It seems clear that the whole development of the executant ego is in essence learning how to use and combine mental and motor abilities in an effective way. The selection of the most gratifying of several possible kinds of doing and the creation of secondary goals which the simpler functions can serve are predominantly results of emotional forces which impel ego development, especially of those tensions resulting from frustrating object relations. Thus, as Gesell (5) has shown, a child does not learn to walk; rather, the capacity to walk appears when the necessary physiological mechanisms have matured. But how it uses this mechanism—gait, mannerisms, pace, rhythm, objectives, etc.—is very largely a result of the learning process, and involves the effect, through identifications, initiated by interpersonal relations, on locomotion. The degree of preference for walking or sitting, exercise or sedentary occu-

⁵ 'learn . . . v. t. . . . 5. Psychol. To acquire by experience, practice, or exercise.' 'learning, n. . . . 4. Psychol. Any acquisition by an organism of knowledge, skill, or modes of behavior.' Webster's New International Dictionary of the English Language. Second Edition, Unabridged. Springfield, Massachusetts: G. & C. Merriam Co., 1939.

pation, and the development of walking for racing, hiking, dancing, and other fulfilments of fantasy are also largely influenced by early personal relations and the ensuing identifications.

Similarly, when the intellectual capacity to perform two plus two has matured, the child will grasp that mathematical process more or less spontaneously; but interest in using arithmetic, choice of the problems it is applied to, the secondary goals this ability will serve—all result from a process of learning to apply this ability which is largely determined by identification with the role of this function in cathected objects.

Finally, I should like to call attention to both the difficulty and importance of summarizing categorically various stages in the development of the ego. It is a continuous process, and only a few aspects at a time can be isolated and studied empirically either by psychoanalysis or direct observation. There is, however, clinical evidence that failure of specific forms of identification bears a teleological relationship to the defective functioning of certain adult personalities. Such material has previously been reported (7, 8, 9, 10), and we have discussed above how this material initiated these speculations concerning the early development of the ego. In short, instinctual goals—libidinal, aggressive, and egoistic—can only be tolerated and achieved if the ego has developed or acquired the machinery for carrying them out.

SUMMARY

We have attempted to arrive at a tentative hypothesis as to the role of ego-identification in the early phases of infantile ego development. This is a field of genetic and dynamic psychology about which we have very few data. Consequently, we are far more concerned with focusing attention on the importance of the problem, than with drawing conclusions which may be proved or refuted in the present state of our knowledge.

Observations of the infant, psychoanalytic knowledge of the

nature of identification at later stages of development, and clinical descriptions of defects in adult egos do, however, provide us with a fund of knowledge from which we can reasonably make certain inferences which are in harmony with known laws of biological and psychological development. This gives a preliminary working concept of processes yet to be thoroughly investigated and understood.

Presumably ego-identification in infancy is initiated by pleasure in imitation, but it differs from imitation in that it contributes permanently to integrations effective in influencing a segment of the outer world. This earliest type of identification presumably becomes possible when the primitive mother image becomes an emotionally cathected object because the mother then inevitably becomes an ambivalent object (the person from whom is expected what in some way she fails to gratify). We assume that the infant then may develop those tendencies which are precursors of the failure to achieve for oneself in later life what others do not perform for him.

Identification presumably at first selects partial functions of which the infant is biologically capable from the matrix of the mother's highly integrated conduct, and it will be in the modification or mobilization of these partial functions—finger movements, tones of voice, gestures, etc.—that the earliest imprint on permanent patterns of the individual will be apparent. It is the development of these and of increasingly elaborate levels of integration which provide the individual with his executant capacities for effective work and modification and control of the environment. They are essential to the development of a useful ego organization, and the failure of essential ego-identification will result in defect in some ego-function in adult life.

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EGO PSYCHOLOGY AND PSYCHOTHERAPY

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This discussion of psychotherapy, in accordance with implications of our newer knowledge of the ego, is divided into first, the role of our knowledge of the ego in determining the kind of psychotherapy to be used in a particular case; second, a description of techniques of psychotherapy from the point of view of the ego, including a few considerations of the auxiliary use of hypnosis; third, a discussion of how our knowledge of the ego forces us to recognize certain unavoidable limitations to what we can accomplish in psychotherapy.

INDICATIONS FOR PSYCHOTHERAPY

It is impossible to discuss our problem without some attempt to define psychotherapy. Psychoanalysis is defined by Freud as 'any line of investigation, no matter what its direction, which recognizes the two facts of transference and resistance and takes them as the starting point of its work' (1). In point of fact the designation 'psychoanalysis' is reserved for the technique which *analyzes* transference and resistance. Psychoanalytic therapy is any procedure which *recognizes* transference and resistance and rationally utilizes this recognition in the therapy, though this may be done in many different ways, and part or all of the transference and resistance may not be analyzed. Though additional pedagogical and suggestive techniques are utilized in psychoanalysis, these nonanalytic techniques are

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employed only as technical, not therapeutic devices on the road toward analyzing the transference and resistance (E. Bibring).

The contribution of our newer knowledge of the ego to the choice of psychotherapy in any particular case is, of course, related to the therapeutic goal. In psychoanalysis the goal is relatively clear: a progressive analysis from the surface to the depth; analysis of the defenses and the motives for defense; the development and analysis of the transference neurosis; a resolution of symptoms, and as complete a 'structural' alteration of the neurotic aspects of the personality as possible. In psychotherapy the goal may be anything from as quick relief of a symptom as possible, with the restoration of the previous integrative capacity of the ego, through a whole range of more ambitious goals up to analysis, the most ambitious of all. The choice of therapy may be divided into that which determines the minimum necessary to restore the ego to functioning, and that which strives for the maximum change that is possible. The decision is based on an evaluation of the total situation, including the status of the ego and the reality situation.

The gross major decision is whether the defenses of the ego are to be strengthened or broken through as a preliminary toward a reintegration of the ego. Strengthening of defense means re-establishing the defense system as it existed at the time preceding the breakdown of adjustment. Breaking through may initiate more pathological defenses. The decision to strengthen the defenses is made in cases in which this is all that is necessary, or in those in which this is all that is safely possible.

The kinds of defense employed are a rough index of the extent to which the ego has regressed and therefore of the severity of the pathology. If there is relatively little regression and the adaptation to reality is relatively good, strengthening the defenses is all that is necessary. With much regression and impaired ability to cope with reality, removal of the defenses may overwhelm the healthy part of the ego with the impulses released from the id. Analysis then is clearly the procedure for a middle range in which the ego is sufficiently damaged that

extensive repair is necessary, but sufficiently strong to withstand pressure.

In borderline cases with marked regression one cannot strengthen the defenses of the ego with the aim of restoring a previous satisfactory adjustment because there was none. In such cases modified analysis is used: it analyzes the transference and the resistances, but only with the assistance of strong supporting techniques to avert the danger of impairing whatever small degree of integration the ego has retained.

In discussing the relationship between symptoms and ego structure, Freud stated that the symptom '... becomes intertwined more and more intimately with the ego, becoming ever more indispensable to the latter ...' and referred to the various relationships established on the basis of this synthetic activity of the ego as the '... secondary gain of illness' (2). The symptom passes from an ego-alien to an ego-syntonic position. The greater the secondary gain from illness, other things being equal, the more nearly will psychotherapy, to be effective, have to approach the analytic technique of analyzing the transference and the resistances. The limiting factor here, however, will be the evaluation of the strength of the ego as judged among other things by the nature of the defenses—the point previously discussed. If the secondary gain has over a long period of time so sapped its strength that the ego cannot sustain the requirements of analytic procedure, or if there is a dramatic inundation of the ego from the id in which the symptoms are ego-syntonic, an unmodified analytic procedure is impossible. It seems unlikely that there exist syndromes in which the ego-syntonic symptom should be treated by psychotherapy on the grounds that that is all that is necessary. The very fact that the symptom has become ego-syntonic, while attesting to the synthetic function of the ego, on the other hand indicates that the ego has succumbed to the secondary gain.

That ego-syntonic system for which analytic procedure is in general indicated is the character disorder, a diagnosis which

should be reserved for cases in which significant ego strength remains.

Another aspect from which the ego must be viewed in determining the choice of psychotherapy is its adaptive capacities. This has been penetratingly discussed by Hartmann (3). It includes such factors as the ego's intrinsic and acquired capacities (intellectual power, vocational skills, etc.) and the extent to which these capacities have been invaded by the conflict or have remained free of it. Intellection, for example, may have been disrupted by obsessional defenses, or inability to work may have become an important secondary gain.

TECHNIQUES OF PSYCHOTHERAPY

We will turn now from the consideration of indications for psychotherapy to some of the problems of the techniques of psychotherapy as they may be viewed from the standpoint of the ego.

While the two poles of either strengthening the defenses, or of analyzing them as first steps toward reintegrating the damaged ego, stand as the gross opposites of two theoretical modes of approach, the psychotherapy of any specific case will show intricate admixtures of both. In so far as the analysis of defenses and transference is a part of psychotherapy, the same rules derived from our knowledge of the ego which are applied in analysis are also applied in the former. Decisions in a particular case as to which aspects of transference and resistance are to be analyzed, and which are to be treated by other techniques, pose complex problems to the therapist's skill.

The expression 'strengthening of defenses' has come into quite general use in the literature of psychotherapy, but the techniques to be used for this purpose are not sufficiently specified, and the theory of these techniques, from the point of view of our knowledge of the structure of the ego, insufficiently systematized.

Neither in analyzing nor in strengthening a defense mechanism does one work directly with it, but rather on the attitude or behavior which is an expression of the defense; furthermore,

any particular attitude or behavior may show the defense combined with some other aspect of psychic functioning. A symptom, for example, may show defense combined with gratification of a forbidden impulse in a maladaptive activity; but another kind of behavior—such as compulsive hard work—may be a combination of defense and gratification of a forbidden impulse in an adaptive activity. A first principle, then, for techniques of strengthening defense is to encourage, praise, or in general, to give narcissistic support for those ego activities in which defense is combined with adaptive gratifications, and to discourage by subtle or direct techniques those activities which are maladaptive gratifications, whether or not they are combined with defense.

A second principle in the technique of strengthening defense is that one must take great care not to attack unwittingly an important defense. This may take place in the total setting of the therapeutic relationship or with regard to some specific psychic content. An example in the therapeutic relationship is that of a patient in whom the denial of dependent wishes is a particularly important defense. The treatment must be so handled that it is not felt as an intolerably dependent situation. On the other hand, if the patient's independence is a weak defensive façade, we must take care in the relationship not to break it down by tempting the ego with too much dependent gratification.

With regard to specific content our increased knowledge of the ego has helped us to understand how a certain psychic content can be a distant derivative of an important defense, and psychotherapy aiming to strengthen defense should leave these untouched. We may find, for instance, that a patient has a well-organized system of ideas about patterns of predestination. It may be that these are not being used maladaptively, such as for the purpose of the rationalization of helplessness, but are nevertheless a distorted derivative of a paranoid system. We will take care to leave these beliefs untouched.

Another way in which the theory of strengthening of defense may be formulated is the one proposed by Glover (4). He sug-

gests that artificial neuroses of various kinds may be set up which offer a partial discharge for derivatives of instinct. The technical conclusion would be that the choice of artificial neurosis to be set up by the psychotherapy is best determined by the kinds of defense present. For the theory of the results achieved by such a technique Fenichel suggests that 'by this partial discharge the instinct becomes relatively weaker and the work of defense against the remainder becomes easier' (5). The defense may then be said to have been relatively strengthened.

HYPNOSIS IN PSYCHOTHERAPY

As attention in analytic practice and theory shifted from drive to defense, hypnosis—previously discarded because it was said to make impossible the analysis of the transference—now was attacked because it was said to obliterate defenses. Our work with hypnosis has shown us that the defenses are by no means obliterated.

The defense mechanism of repression is often altered but whether or how other defenses are changed is an unsolved problem. The weakening of repression can lead to the emerging of less distorted derivatives of either defense or impulse or of both, making their relationship more clear. It must be remembered that the ego defends itself not only against the recognition of its impulses but against a recognition of its defenses too. This finding has relevance to any procedure which analyzes resistance, whether psychoanalysis or psychotherapy.

Hypnosis should be viewed as a state of altered ego functioning rather than one in which defenses are obliterated (6). The technical application of hypnosis requires, then, a consideration of alteration of other aspects of its functioning in addition to the alteration in its defensive aspects. Since effective psychotherapy requires that the judging portion of the ego be able to observe the experiencing portion (7), one must ask what happens to the synthetic functions of the ego in hypnosis. While there are instances in hypnosis of dramatic disruption in the synthetic function coinciding with serious weakening

of the defensive functions (8), the changes in the synthetic functions are generally much less, highly variable, and fluctuating. The ego's capacity to reflect and synthesize during hypnosis can remain relatively unimpaired, even though the defense of repression be sufficiently weakened to allow freer access to both impulse and defense. A case has been reported of psychotherapy which included a good deal of analysis of transference and resistance, though it was carried out almost entirely in the hypnotic state (9).

Where the synthetic functions of the ego become so seriously interfered with by hypnosis that amnesia for the hypnotic state supervenes, there are technical devices which can be used to confront the nonhypnotized ego with the material obtained in the state of altered ego functioning, as, for example, a transcription of the interview under hypnosis can be played back to the patient in the normal state. This device, of course, only confronts the ego with the recovered material which must then be assimilated with the help of the usual techniques of psychotherapy.

While the value of the abreaction of highly charged experiences under hypnosis may not have the therapeutic value formerly assigned to it as a simple release of tension, the abreacted material nevertheless does make a vivid impression on the judging portion of the ego, and thus influences the therapeutic process.

Another consideration important in hypnosis is that the hypnotist's role encourages ego regression and objectifies transference fantasies. It has been suggested that this makes the transference unanalyzable. Though it is usually with considerable reluctance, subjects in deep hypnosis can actively examine the hypnotic state itself and deal with the transference implications, even those relating to the induction of the hypnotic state. It might theoretically be argued that such an analysis to be conceded successful should result in the disappearance of hypnotizability. Though we have seen several isolated instances in which a subject became incapable of being hypnotized because of increased resistance, we have not

seen hypnotizability disappear through analysis. The number of cases in which we have been able to make a thoroughgoing attempt in this direction has been small. We believe that hypnosis may be grounded on such primitive transferences that this, together with the fact that the hypnotist takes an active role in encouraging these tendencies to expression, is responsible for the persistence of hypnotizability. This is not different from the fact that there is no such thing as a complete resolution of transference by analysis.

An important technical conclusion relates to the earlier idea that hypnosis would become impossible if an attempt were made to expose its irrational roots. This does not seem to be the case. One need not fear that symptomatic improvement achieved through hypnosis will be undone if one discusses the transference, even as it relates to the induction of the hypnosis itself.

Many of the considerations advanced here for hypnosis likewise apply to partial narcosis as an auxiliary technique of altering ego functioning.

LIMITATIONS OF PSYCHOTHERAPY

We will turn now to the discussion of some of the limits which our newer knowledge of the ego sets on the goals attainable by psychotherapy which is brief or which utilizes therapeutic principles other than the analysis of transference and resistance as a major part of the therapeutic process.

The attempt to cut down the time required for psychotherapy inevitably leads, particularly where the ego strength is good, to the temptation to forget the dynamic principle that analysis of resistance must precede the exposure of that which is defended against, if a significant alteration of defense is truly to be brought about. When the ego is strong, other therapeutic techniques achieve a restoration of the previous integrative capacity of the ego. This makes it easy to mistake an intellectual acceptance of an interpretation for a structural alteration in the defense structure. While this may do no particular therapeutic harm, it seriously beclouds recognition

of the kinds of therapeutic technique which are required to effect radical changes in personality.

Another limitation in the therapeutic goal of brief psychotherapy is that working through is a time-consuming process. Working through for radical alteration of the ego is a process which inevitably follows from a consideration of the synthetic function of the ego (10) and the principle of multiple function (11). The synthetic function of the ego by binding and integrating the symptom into itself makes necessary the exposure of the resistance and the neurotic impulse repeatedly and in manifold connections. The principle of multiple function is an expression of the fact that the behavior of the ego, however pathological, is a solution of its problems in relation to all the psychic agencies and to the outside world, and therefore must be dealt with in each of these aspects before significant change can occur.

A third limitation of brief psychotherapy derives from the fact that in order to learn something deeply the ego must experience it affectively. This raises the questions of both the therapeutic inevitability and necessity of the transference neurosis. Freud said in this connection that an enemy cannot be slain in effigy (12). Psychotherapy must determine how thoroughgoing an alteration in personality can be achieved by only partial development of the transference neurosis. It must also study the relative value for the learning process of the ego of certain kinds of manipulation of the therapeutic situation as compared with the analysis of transference and resistance (13).

SUMMARY

The role of our knowledge of the ego in determining the kind of psychotherapy to be used in a particular case is discussed. Some techniques of psychotherapy are described from the point of view of the ego, including some consideration of the use of hypnosis. Knowledge of the functioning of the ego forces us to recognize certain unavoidable limitations of what can be accomplished in psychotherapy.

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CHARACTER AND RESISTANCE

BY RICHARD STERBA, M.D. (DETROIT)

To define 'character', we may start with the etymology of the word, derived from the Greek '*charassein*', which means 'to make sharp, to cut into furrows, to engrave'. '*Charaktēr*' designates in ancient Greek the instrument with which the engraving is done, the chisel, and the sign which results from the engraving. In this sense we speak of Greek, Latin, and Cyrillic 'characters', referring to the letters of different alphabets which were originally engraved in clay. The meaning of character as we use it nowadays developed relatively late in the Greek language. From this it becomes clear that character designates the features of personality which are more or less indelibly engraved upon it, features which of course express themselves in actions and reactions, features that are 'characteristic' of the individual, features by which one ego structure can be differentiated from others. Since actions and reactions as they manifest themselves are the function of the ego, we are accustomed to attribute character to the ego. But character is formed not only by the specific ways of dealing with the multitude of stimuli which rush toward the ego from without and from within, but, in its deepest roots, it is formed also by the specific demands, or better, the specific quantity of demands pressing upwards from instinctual strivings of the id. Character is thus based on the organic substratum of the psychic personality, as was pointed out by Freud: 'The tendency to repression, as well as the ability to sublimate, must be traced back to the organic bases of the character, upon which alone the psychic structure springs up'.¹

As a third factor the superego, with its specific demands, its rigidity of do's and don't's, is an essential contributor to char-

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¹ Freud: *Leonardo da Vinci, A Psychosexual Study*. New York: Dodd, Mead & Co., 1932, p. 127.

acter formation. We have to take into consideration therefore that all three provinces of the mental structure of the personality contribute to the formation of character. One might define character as the sum total of specific reactions of the individual, determined by the three provinces of the mind according to their inherited and acquired dynamics. Ego, id, and superego are, then, involved wherever character changes are attempted, as in psychoanalytic therapy. I would like to emphasize this threefold origin of character formation, because we often find in psychoanalytic literature that character studies are narrowed down too much to the province of the ego, due to a misapprehended application to studies of the origin of character of the sentence, 'The ego is the carrier of the character'. Especially when we deal with character in connection with resistance we have to liberate the concept in its genetic aspect from its inappropriate limitation to the province of the ego. This limitation was enforced partly through certain phases in the history of psychoanalytic technique. For the purposes of this paper we may term 'resistance' anything that stands in the way of the therapeutic procedure and goal in so far as it originates in the psychodynamics of the neurotic process.

If the two concepts character and resistance show up simultaneously in psychoanalytic literature or discussion, we almost instantly, as if in accordance with a conditioned reflex, react with a limitation of our thinking to a certain type of technical approach. The conditioner, as is well known, was Wilhelm Reich. Wilhelm Reich in his forceful manner usurped the combination of the two concepts by cutting down the vast area of their relationship to his rather narrow term, 'character resistance'. As happens so often in the progress of a science, such a bottleneck is useful for a short period in focusing attention on a narrow strip of the knowable, which is then thoroughly investigated; but it requires afterwards considerable effort to release the free flow of investigation of surrounding areas that were temporarily neglected.

For Reich 'character' and 'resistance' are identical.² His

² Reich, Wilhelm: *Character Analysis*. New York: Orgone Institute Press, 1945.

concept of character as an armor of defense against intrapsychic and external dangers presented the dynamics of character as so one-sided and limited that he was able to present the resistance in analysis only as an aspect of character in a specific dynamic situation. Character, then, for Reich becomes the expression of ego defense in analysis. As the authoritarian which he is known to be, Reich tried to make a totalitarian system of the study of specific defense reactions of the ego in analysis which was his special interest and his merit.

We owe it mainly to Anna Freud that the combination of character and resistance was broken, and 'character resistance' deflated to what it should have remained, namely, characteristic ego defense and its dynamic importance as resistance in analysis. But it is Reich's unquestionable merit that he drew attention to how the ego resistances might be approached, and emphasized the necessity of investigating their infantile origin. Anna Freud's *The Ego and the Mechanisms of Defense*, although it does away with much of Wilhelm Reich's *Character Analysis*, could hardly have been produced without the latter.

If we make a short survey of resistances as Freud classified them in *The Problem of Anxiety*, and examine their relationship to character, we become aware that at least four of his five types of resistance, if not all five, are closely tied up with the character formation of the personality. Certainly the 'repression resistance', which Freud mentions as the first of the three ego resistances, is connected with the character of the person. We know that the hysterical character, for example, is inclined to use repression as the main mechanism of defense. 'Transference resistance' in most instances is only another form of repression resistance, formed under the specific psychodynamics of the psychoanalytic situation, and will always be shaped by the characteristic defensive features of the personality. Denial, identification with the aggressor, passive submissiveness in transference against unconscious hostility, and numerous other attitudes in a state of transference resistance are possible only because of the specific character structure of the personality.

Even the 'resistance from secondary gain' will depend in its quality and quantity upon the structure of the character. Ego and resistance are so closely connected in psychoanalytic experience that we hardly expect resistances exerted by the ego, the carrier of character, not to be determined by the personality of the individual.

Resistance from the superego can hardly be different, the superego itself being only a step in the development of the ego. Many years ago I pointed out that the concept of superego resistance is somewhat nebulous and unclearly defined. If this resistance stems from the repressing influence of the superego, then it can be subsumed under repression resistance. If, on the other hand, 'superego resistance' refers to the masochistic attitude of the ego toward the superego, as expressed in the negative therapeutic reaction, it should be included among the ego resistances. But in both cases we cannot miss being aware of the close connection between resistances of this type and the total personality.

Let us now turn to the 'resistance of the id', the last in Freud's classification. In its essence this resistance stems from the 'viscosity' of the libido, the sluggishness of the instinctual drives to develop and reach maturation. Such a deficiency within the id has a definite influence on the character formation, as, in the last analysis, all id tendencies have. Psychological infantilism is a good example of this relationship. Anal stubbornness in giving up an id tendency and its corresponding traits in the ego is another example, so well demonstrated in Freud's History of an Infantile Neurosis. The resistance of the id also is therefore closely connected with character.

We know from clinical experience that certain more or less well-defined character types frequently oppose certain types of resistance to therapeutic progress in analysis. To mention only a few examples, the anal character with its stubborn refusal to give material, its doubtfulness in accepting interpretations, and its sluggishness in giving up libido positions; the passive-feminine character with its superficial acceptance and latent aggressive rejection of explanations offered; the pseudonarcis-

sistic character with conspicuous aggressiveness against the analyst in defense against anxiety. But such classifications have little value in deeper and extensive therapy. They entice particularly the beginner to approach the patient of a certain character type with the expectation of finding 'typical' forms of resistance. Psychoanalytic therapy is extremely individualistic and the single patient approaches patterns and types only very superficially. At the present stage of our science, particularly since we are still far from a unified psychoanalytic characterology, the combination of the concepts of character types and types of resistance should be kept as loose as possible.

THE TRAUMATIC EFFECT OF SURGICAL OPERATIONS IN CHILD- HOOD ON THE INTEGRATIVE FUNCTIONS OF THE EGO

BY MILTON L. MILLER, M.D. (BEVERLY HILLS)

Two clinical examples of operations in early childhood which produced phobic symptoms and character defenses are presented to demonstrate how traumatic effects occurred because they mobilized neurotic tendencies already present. As David Levy (4) has pointed out, surgical operations are most likely to be traumatic when they are performed on very young children before the personality is organized. Helene Deutsch (1) has discussed the traumatic effects of operations on adults, and their significance as symbols of birth or castration, according to previously established neurotic patterns.

Children whose adaptation to reality and the process of learning has already been made very difficult by severe oedipal anxiety, strong guilt over masturbation, etc. may have reactions to the additional psychological trauma of an operation that are fragmented, isolated, and partially repressed. Unconscious reactions to knives and anesthetics may give rise to special symptoms. It is interesting to note that when there is verbalization as in a dream, fantasy, or fear regarding knives, there is frequently some association referring to gas, drugs, or anesthesia; or vice versa, when these patients complain or dream of feelings of being drugged, gassed, or suffocated, there is frequently some association to knives.

An intelligent young man of twenty-six, employed as a junior executive in a large company, had a breezy manner and a pseudo friendliness which thinly disguised his general mistrust of other people. He came to analysis because he became depressed at work, especially when he did not have enough to

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do; he was unable to converse with well-known people with whom he had to deal, and at home he felt depressed and confused. Socially, he suffered from loss of memory, feelings of inferiority, and a compulsion to show himself as stupid, although at the same time he felt competitive and ambitious. He was fond and protective of his wife and small daughter, but felt very guilty toward them because of intensely distressing fear that he might attack them with a kitchen knife.

Although he wanted help and quickly felt very much better, he found many excuses to avoid coming regularly, and during interviews told rambling stories full of inconsequential details. He had a poor memory for daily activities and simple facts related to his social life, which he said were 'blacked out', but he readily recalled people, places, and dates from years ago.

He had never been able to be aggressive, had used dependence as a cover for anger, and was unable to take a stand about anything, even with his little daughter. He held an executive position through family influence. He expected his analysis to fail, and spoke of failures in the past as always occurring at the brink of success: in the army, for example, he had done well at first, and then broke down just before going into combat. He believed he would not do well in analysis because he had no past; it was all 'blacked out'.

He complained frequently of expecting to be hit by automobiles. This, he readily saw, was connected with guilt toward his wife and child, which he rationalized by saying that spending money for his analysis caused them deprivation. He gave a picture of himself as a person with no initiative, whose business success was entirely provided for him by his family.

He talked about his very dynamic, well-known father who was noted for his imagination and informal charm. Apparently the father had always protected the patient and provided for him well, but never encouraged assertiveness or independence. The patient had a brother several years older, who was less successful than the patient. Envy and rivalry toward this brother were handled by catering to both parents, a technique the patient used toward all important persons.

The theme of cutting and the symbol of a female genital, usually a flower, were included in almost every dream.

In his first dream he was at high school, had 'cut' French, and just 'got by' in a drama course.

He associated his dislike for the French teacher, a woman, and his dislike of the drama teacher, a man, whose name was Flower; he could barely speak in Mr. Flower's course, and passed it with great difficulty.

After working through material connected with feelings of guilt toward his wife and daughter, he began to recall details of sexual play with little girls when he was a youngster. He had had a sadistic attitude, had made them cry, etc., to prove his power. He did not get on well with other boys, was a failure in sports, and vomited before going to school. Gradually it became clear that he had unconsciously identified with girls.

He reported improvement in his current social life but associated to it a fear of heights and previous impulses to jump from high buildings. After his guilt at achieving social success was pointed out to him, he realized he had always been competing with both men and women, but at the point of success he inevitably had to retreat from competitiveness into passivity and immaturity.

When he became more aggressive and successful in his work, his resistance took the form of long accounts of his curiosity and his achievements. After his desire to keep the analysis at a standstill was interpreted, he had a dream.

He was drifting in a luxury liner, in a very fancy suite; then he was in a mess hall where he was served as in the army. A waiter came, told him breakfast was served, and that Madame would be down soon; he did not know where Madame (his wife) was. He saw a very tall, white, square monument, one part a spire like the Empire State Building, and the other side the Statue of Liberty. Beyond and above was an even bigger church tower with two bells on the side, and somehow they seemed to make everything all right.

He recalled his father had told him that around the age of two or three, as he had climbed the stairway of the Statue of Liberty with his brother, he had had to urinate. The location of the church was associated with a place where he had spent some time in officers' training in the army, and where he had been helped by his father-in-law's influence to obtain a special assignment. He associated his fear of going to the top of the Empire State Building with the fact that his boss (with whom he competed) had recently visited the top of the building. He then remembered he had said in the dream that he did not know whether that statue would fit into Washington Square or not: it was too big. He had read *Brideshead Revisited* the night before. The reference to Washington Square was connected with an unpleasant memory from the age of two: his mother, father, and older brother went for a month's visit, leaving him at home in care of a nurse. They were then living in Washington Square.

Further associations to the dream indicated that drifting in the luxury liner represented the analysis. The two structures were his masculine and feminine sides, and the church seemed to represent his father's power to take care of everything for him. The monument was huge, as viewed by a very small boy. The need for protection from his feelings and his passive, dependent, submissive, immobile attitude were typical of his defenses. Much later in the analysis the initial impression that this dream represented the main problem was verified: acrophobia, the threatening spire, the fear of masculine competition, and sexual interest in the mother (urinating in the Statue of Liberty) represented his deepest conflict. The reference to the army mess hall was connected with the mobilization of these conflicts when he feared he might have to participate in combat.

This dream was followed by a catastrophic dream of an atomic bomb destroying the world. His associations led to confessions of masturbation which he discussed with much difficulty.

One day he left a long fishing pole at the analyst's office. He

explained that this was typical of his inability to think clearly. During this period he thought of the analyst as a 'mad doctor'.

He had impulses to rip bathing suits from girls at the beach to see them naked. He had a desire to stick a knife into himself or his wife or, when driving, to hit somebody to see how far up they would go—all connected with feminine urges and masturbatory exhibitionism in the transference.

With the emergence of his unconscious homosexuality, he decided that he had had sufficient analysis. He announced, on a day when he was on the verge of a big promotion in his career, that he would stop analysis. On that day, as he later reported, he went home and told his wife his fantasies about knifing her and the child, and that evening, at a moving picture show, he had a fantasy of holding his child's severed head, as Salomé held the head of John the Baptist. His anger at the analyst for not insisting that he continue analysis, as well as his competitive feelings toward his boss, and the guilt and fear mobilized by being at the brink of success had caused him to revert to the knife phobia as a means of handling his unconscious hostility.

Three months later he returned saying he was depressed and anxious. He began by criticizing the analysis as 'phoney' and expressed a combination of passive dependence and denial that it was necessary to achieve insight. His wife was now pregnant, and he was reacting to it by an infantile regression. Now that he was back in analysis he felt pretty good, but occasionally he had impulses to get run over when he felt thwarted in the analysis.

He considered the analyst a fraud, wanted the analyses of the other patients to fail, his wife to miscarry, and asserted that anybody who was dependent was not getting anything worth while. As he began to see how his own jealousy was connected with these attitudes he had a dream.

He had committed a crime, either rape or murder, upon a woman, and a bloody blanket was the clue. A detective questioned another man who confessed.

He associated to this his newly acquired ability to 'tell the analyst off'. The blanket was like one he wrapped around his small daughter at the beach.

He began to see how his tendency to project his guilt and inferiority onto others, as expressed in this dream, represented his basic attitude toward people. He became aware that this was epitomized in his desire to depreciate and denigrate the analyst, along with his strong dependence on the analyst.

He associated to masturbation and his fear of punishment that he had been threatened in childhood with being put into the doctor's little black satchel. He then said that at five he had had a tonsillectomy performed in the kitchen, to which he would not go unless carried piggyback by his father. He recalled the dream he had had when he was given ether.

He saw his father, mother, and older brother near him as in a daguerreotype.

The presence of his entire family and the immobility of the picture protected him from the danger of any threat of attack.

From masturbation and sexual play with girls he had had the fear when he was a youngster that he had a bad odor, and this kept him from making friends. Because of his guilt about infantile masturbation, the tonsillectomy had been regarded as punishment for masturbation and the fantasies connected with it. The fear of castration had been revived and was displaced to a bad odor and nausea at puberty when he indulged in sexual play with girls. After the connection between these early conflicts about masturbation and his present social difficulties was pointed out, he dreamed:

He was rescuing his wife and daughter from a burning building, but instead he was rescuing his business documents.

To this dream he associated a fantasy that a patient, under an anesthetic, might kill a doctor, using as a weapon a nurse's shears. Associated were his own ambitions and competitive attitudes toward men, especially the analyst and his father.

He had a conscious recollection of lying with his mother in

her bed just before the operation took place. He was hugging her, thinking she was very beautiful, and feeling curious about her body. At this moment he felt superior to his older brother, but became very resentful when he had to leave his mother's bed.

Apparently his immediate reaction to the operation was an unconscious wish to express this resentment by a fantasy of sexual sadism (knife) because of the mother's rejection of his sexual interest in her, as well as her responsibility in permitting him to be operated on. The fear of retaliation became symbolized by the surgeon's knife.

After recovering memories connected with the operation, the patient felt a great sense of relief. He talked more of his mother's seductiveness toward him, and his early œdipal conflicts. During this period, he began to make more realistic plans for creative activities in his business. He was able to express feelings toward the analyst and his boss without reverting automatically to fantasies about knives. His relationships to people became more genuine, easy, and sincere.

When this patient was a helpless and dependent child, he had sought to resolve his anxiety by an active identification with the surgical aggressor, later expressed in obsessive thoughts of attacking his wife and child with a knife.¹ That aggressive impulse evoked fears of retaliatory passive punishment (being nauseated by bad odors, 'blacking out'). The paradoxes of his personality were explainable by these two identifications, active and passive.

The knifing fantasies represented identification with the surgeon (later the analyst) and constituted an attempt to master the trauma of the operation. The wife and daughter, who were to be attacked, represented himself after having been operated upon; also revenge against his mother's seductive but thwarting attitude toward him. Daily frustrations in his

¹ Cf. Freud, Anna: *The Ego and the Mechanisms of Defense*. Chap. IX. London: Hogarth Press and the Institute of Psychoanalysis, 1937; also, Thompson, Clara: *Identification With the Enemy and Loss of the Sense of Self*. This QUARTERLY, IX, 1940, pp. 37-50.

work, domestic and social life increased the intensity of these fears which were unconsciously associated with rage at his mother's rejection.

When this patient was able to express his hostility and remember some of the details of the operation, he recovered memories of his sexual interest in his mother for which he had believed the operation to be a punishment. This was a therapeutic turning-point, after which he could bring out his aggression and masculine urges more freely.

A young woman in her early twenties, pretty, intelligent, and artistically talented, was made unattractive by her mannerisms. She alternated between forays of childish aggression and retreats into self-conscious shyness. Work inhibition, severe insomnia, compulsive fantasizing, as well as a tendency toward pseudologia fantastica, were her complaints. Connected with her insomnia was an urge to take sleeping pills, she was insistent upon being given drugs for dental work, and a very large number of her dreams and fantasies had to do with being drugged or gassed. Fairly frequently she thought she smelled some dangerous gas coming from a harmless object like a melon, for example, and would become panicky. She was very much preoccupied with her appearance, particularly her nose. She was interested in getting 'dates' with young men, but only for what she could 'get out of them'. Although she was repelled at the idea of sexual contacts with men, at night she felt sexual tension which kept her awake and caused frequent urination.

She remembered from childhood recurrent nightmares of being chased by automobiles and locomotives; also one of looking into a mirror and seeing herself with a long ugly nose and hair all over her face like a gargoyle—and seeing other people as gargoyles. She wished to be very beautiful, with attractive long hair.

During her first analytic hour she thought of the hospital where she had had an operation for a dislocated hip at about the age of two, recalling the white tile, the high windows, the

x-ray machine coming over her head, and the bad odors. Then she remembered a recent dream.

She was in a hospital, the doctor and nurse were in the corridor; a man breathed over her face and smelled bad. She ran out and felt the whole street was being gassed. She woke up terrified.

By association she thought of a melon which she believed tasted of ether, and recalled similar ideas at the age of twelve. She next described her fantasied lovers, tall, dashing, and cruel. She ended the hour by saying she realized that analysis was her last hope.

In the next hours she talked of the analyst as looking first like an undertaker, then a pathologist. She confessed to being sloppy at home, and said she was constantly punished as a child for her dirty habits. She described her mother as domineering and hysterical, her father as aloof and harsh, her older sister as prettier, but less talented artistically, and extremely hostile toward her. The patient's one source of strength in her early years had been derived from her ability to outdo the sister in art work. In other respects, she readily saw that she had competed in reverse by being a bad child. In her childhood a strict governess, who resorted to much slapping and did things 'by the clock', played an important role. Doubtless the punishments were partly provoked.

At first the patient was too guilt-ridden to tolerate analytic treatment. After an initial struggle against accepting help or insight, she began to work at the analysis, but tried to make her analytic hours painful, tearful, embarrassing, and like her dreams, a combination of being raped and being operated upon. She began to see the important influence her sense of guilt had over everything she did and felt. When discussing her home situation she brought out a dream of a concentration camp where she had to submit to women, to whom she associated her mother and sister. When her guilt feelings toward her mother and sister and her need to submit to them were interpreted to

her in connection with this dream, she thought she smelled gas and became panicky.

After her guilt was somewhat alleviated, she began to do better in her work, and became interested in going out with young men and in 'petting'. Although she afterward felt guilty about such activities with men, since she felt guilty anyway, she said, she might as well also have the pleasure. At this time she almost smashed her sister's car, and associated the sister with the governess.

An intense need to be outstanding in her art work and her appearance now began to emerge. She was not able to carry out her ambitions realistically, however. When, for example, she arrived at a party and discovered another girl there who was much prettier, she went right home and spent the evening fantasizing about illicit love affairs with sadistic men of great prestige, and with the analyst.

From being sloppy about her room, she changed to being unable to sleep unless everything was tidily in place. She confessed to telling lies, claiming that she was studying dentistry, was a refugee, a countess, a psychologist, etc. She always wanted to be the center of attention, whether in a good or bad light.

While expressing aggression toward a male cousin, she thought once again that she smelled gas. At first by allusion to others, then by way of dreams, there emerged the fantasy that the analyst was feminine; then she admitted never having thought of her father as a man, but as a woman.

She wished she could dominate the analyst and others as she felt dominated at home. This aggressive urge was accompanied by increased feelings of guilt. At a time when she had unconscious conflicts about not paying for canceled hours, and also had arranged for more advanced art lessons which would increase her abilities and prestige, she stuck two fingers into an electric fan, and was unable to work.

Seductive fantasies toward the analyst, as well as homosexual dreams and fantasies, and dreams of being gassed and raped emerged in connection with memories of compulsive masturbation in her childhood, causing vaginal discharge which she

had had impulses to eat. After confessing her 'dirty thoughts' she had a dream.

She stood before a mirror admiring herself, dressed in a beautiful flowing white dress.

She said this dress made her look 'effeminate' and then felt embarrassed at the use of the word. She felt that to be beautiful would serve two purposes: to make her sister and other girls feel inferior to her, and to control men. She had often thought mouth and vagina were equivalent.

After this dream she became cleaner, worked better, and began to earn her own way both by art work and by working in a department store. Competitive strivings in regard to other patients, as well as her sister, came out more clearly in association to wishes to be dirty.

Two nightmares of the same night indicated her intense fear of femininity and its relation to jealousy of the sister.

She was in the analyst's building at night and the analyst ran into her and asked what she was doing there. She hit her nose on the door. It began to bleed and she felt as if she had committed a murder.

To this she associated murder, castration, and envy of the analyst.

Her sister was going to try to stab and poison her in the night. The patient painted the sister's hand with luminous paint to see what was going to happen and the sister put toothpaste on it to cover it. The sister was talking with the father and the patient was very angry.

She associated a fantasy of seeing the analyst in a car with a blowzy woman. The day before the dreams, at her work as a salesgirl, she had observed a woman and her adolescent daughter quarreling about the daughter's wish to buy an expensive suit. The patient told the girl's mother she was a psychologist, working there only to conduct an experiment. She then had the association that she had always felt her sister had been given preference over her. She had always felt, too, that her father

liked her sister better and considered her more successful. Recently she had also been experiencing intense jealousy of a male patient who, she thought, was 'doing better' in analysis than she was.

In the nightmares she was reacting to jealousy of the male patient in terms of her envy of her sister and hostility to her father, expressed in the dreams by symbols of being hurt, damaged, stabbed, and poisoned (references to the early operation).

In the following weeks she remembered more details of the operation on her hip, particularly of the bandaging and immobilization of her legs. She also remembered struggling for breath during a tonsil operation at the age of eight. She said that at the time of the first operation she could remember thinking of herself as a small boy with a penis. Her sexual interest in women was analyzed, and she began to get along much better with women colleagues, acting less provocatively toward them. About this time she reported a dream.

She was in a long white tulle gown in a palace looking for her boy friend. She was grabbed by a woman in a black dress, dragged up hospital stairs in a sanitarium, and they were going to give her injections and put her against a wire fence full of electricity. She was frightened and took a nail file and was going to stab a woman with it.

Her associations were to her mother's black dress, the sanitarium in which she had received treatment for a short time prior to analysis, and a movie called Shock. She thought of paints which fascinated her, the desire to eat them, and how she enjoyed teaching a beautiful girl colleague. She then thought of her sexual attraction to her governess, and the white tile of the operating room.

She was told that behind her fantasies lay a sadistic sexual interest in women, particularly her sister, in which the patient took either the active or passive role, both being filled with guilt because she connected them with masturbation. She was told further she had probably felt that the early operation was

punishment for masturbation and that was why she so often dreamed of an operation upon herself.

Three days later she remembered more clearly lying there when the operation was over, thinking she had a little penis. Her mother had told her that at the hospital, when she was shown naked after the wound had healed, she ran frightened, very fast, to show she was all right. In this connection she reverted to her sexual interest in the governess, her mother, and her sister. She had fantasies that before her long curls were cut off she was a curly-haired child with a penis.

Subsequently she dreamed of a sanitarium, but as a much less frightening place; also in her recurrent nightmare of being pursued, the locomotive became a small toy. She suddenly remembered its source in a story she had read many times about a little girl whose beautiful white dress was soiled by the smoke of a locomotive in a tunnel.

Her father became ill, to which she reacted with sadistic joy. She had fantasies of attacking her father, then more frankly erotic wishes and fears of being drugged as punishment. She also kept reverting to the fantasy of having obtained a little penis as a consequence of the operation.

It became clear that she had always reacted as if something (a penis) had been removed from her, and that life owed her something to make up for this (3), and that she had expressed hostility toward everyone, and had remained childish, using the operation as an excuse. She cried during the next two hours, acting the part of the 'injured child', but with some desire to change. A few days later, a new type of dream occurred, 'No drugging and no gassing', as she expressed it, but frank homosexuality. She suffered while telling all these things, but admitted the masochistic thrill she got out of it.

In the next phase she struggled with positive oedipal material expressed in dreams.

She had intercourse with a dark ghost, just a penis, and it hurt. Her mother was around so she had to keep it a secret.

Her associations were that her mother had accused her of

childishness, and that her friend denied he took her for granted. The patient had become angry with this friend because he talked as if she were his mistress. Finally it became apparent to her that the dreams referred to the analysis as a source of pleasure, the fantasy of marrying the analyst and 'getting a penis', and her guilt over this and 'feeling hurt'.

Her secret interest in her father, hidden by her identification with him, came out in subsequent hours. After that she began slowly to detach her feelings from her family and to become interested in men, the desire to marry and have a home of her own. She decided she did not like herself as she had been and was going to change. She felt she had never been a real person but could become one. For several months she fought an uphill battle to remake herself both physically and emotionally, and her increased poise, sincerity, and more mature personality were apparent.

When faced with the competitive aspect of the analysis, and when her identification with men was interpreted, it seemed as if her impulses toward men, whether aggressive or erotic, demanded punishment from the superego. She dreamed a woman was attacking her (punishment by the mother and governess) as if she had to submit to the punishing mother after any heterosexual urge. After the resolution of her guilt and her masochism, and the emergence of her erotic fantasies, the struggle for her acceptance of her femininity was ushered in.

After the termination of her analysis, she became engaged and just before her wedding came to talk over some anxiety she had about marriage. She asked if this feeling was common and was given reassurance. She stated she had some recurrence of night terror, then noted spontaneously that a feeling she had had of gasping at night upon going to bed was related to the inhalation of the anesthetic. She believed that with her husband she would not feel this way. The locomotive now occurred to her as associated with the x-ray machine which had been pulled over her. The current expression of her fear of the operation was that she was reacting to the approach-

ing marriage as if it were going to be, once more, the threat of a sexual trauma.

SUMMARY

Fear of expressing competitive impulses, unconsciously associated with intense fear of injury, was related to reactions to surgical operations in childhood in two cases. The development of initiative and independence of action was severely circumscribed. In one instance (a man), successful accomplishment (career, for example) was associated with punishment for hostility to the father, and a seductive attitude toward the mother. In the other (a woman), the expression of heterosexual wishes seemed connected with a strong unconscious fear of retaliation from the mother and sister.

The automatic, repetitive (2) nature of these patients' attempts to deal with reality by reverting to the past and unconsciously reacting to competitive situations as if to the threat of an operation (e.g., being 'gassed' or having fantasies of attacking someone with a knife when aggression and anxiety were stimulated) constituted a therapeutic problem.

Changes in the integrative function of the ego in each case depended upon uncovering repressed emotions connected with the memory of the operation, in order that the unconscious childhood emotions for which these patients felt they had once been punished could be understood. Both unconsciously felt the operation to be a punishment for masturbation. In the first case this proved to mask intense sexual interest in the mother and repressed rage at her seductive but frustrating attitude. In the second the memory of the operation seemed associated with imagined damage to sexual organs (loss of penis) and loss of the mother's protection.

The therapeutic process was focused upon interpreting the relation between the emotions uncovered by the fears of operation and current problems.

From the therapeutic point of view, the comparisons of the real problems these patients had to cope with, and their attempts

to solve them by presenting the fear of injury, or the 'injured child' attitude, were repeatedly stressed.

Both cases, operated on in their early childhood, seem to fit the concept of traumatic neuroses. They were able to diminish the effect of the trauma when the phobic symptoms and defenses of the ego were analyzed.

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TWO OBSERVATIONS ON THE SPLIT IN OBJECT CHOICE

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Freud has attributed the general split in the sexual object choice of men to the incest barrier, an observation which is well established. He ventured the suspicion that it originated in pre-totemistic times, when brothers banded together to slay the father for his women and his position. In *The Most Prevalent Form of Degradation in Erotic Life*,¹ he further analyzes this split, laying emphasis on the fixation to the mother and the failure of fusions of the erotic and tender currents of feeling. The more dynamic studies of later years have confirmed Freud's description and brought out the role of the dependence upon the mother. How this operates is generally known and has been further clarified by the application of Alexander's concepts of vector tendencies, which bring out sharply the opposition in direction between such intaking wishes as the need for love and dependence and centrifugal tendencies such as object interest. Although this is generally known by analysts, it has not, so far as I am aware, been formulated in the literature.

The dependence upon the mother is of course but one component of the attachment, but in some cases it seems to be of special importance in splitting the mother image. For example, one patient repeated a pattern of being sexually attracted to a girl, then developing a dependent relationship to her and losing sensual interest, and then turning his sexual interest to other girls. He always had one girl to whom he displaced his strong dependence upon his mother, and other girls in whom he had an overt sexual interest. When he married, he was dependent upon his wife toward whom he felt but little sexual attraction, and was promiscuous with other women. For him, women were of two classes—those upon whom he could be dependent, whom he looked up to, and idealized, and with whom he was relatively impotent, and those who had a dependent attitude toward him, whom he looked down upon, and with whom he fully enjoyed sexual relations. In some cases the sensual interest in the depreciated woman clearly serves as a defense or escape from the dependent relationships. This is quite similar to, indeed probably

¹ Freud: Coll. Papers, IV, p. 203.

the same reaction as, the exaggerated promiscuity which so often serves as an escape from passive dependence upon a man, such dependence being more feared because of the homosexual coloring.

Another element, which in many cases plays a role in the split image, is hostility. This is very simple. When the man's sexuality has too large a hostile component, and so means to him too much an attack, he cannot indulge it toward women whom he respects and loves. Because it is an attack, often a soiling, it is something one does not do with 'nice' girls, and something nice girls do not submit to. He is only free sexually—that is, free to attack—with girls for whom he has but little regard, feeling, or sympathy. For him women fall into two categories: those he esteems and loves and with whom he is relatively impotent; those he depreciates and so feels free to attack sexually, and with whom he is potent (even exaggeratedly so, because the hostilities re-enforce the sexuality). These men have a strong appeal for masochistic women and vice versa. The degraded women are not only further from identification with the incestuous objects, but also from identification with the patient. Because he identifies with them so little, he has little sympathy for them and so feels free to attack them sexually.

Dependence and hostility often operate in the same individual. Dependence causes frustration and hurts the pride, and so generates hostility. This is well known. Hence one sees patients who develop a sexually inhibited dependent attachment to an idealized woman, and turn to depreciated women for sexual pleasure, the latter being both an escape from the dependence and a means of draining hostilities which cannot be expressed toward the woman who not only is idealized, but upon whom the patient is dependent.

A young man was in rebellion against his mother chiefly because of his dependence upon her. He expressed this hostility through more or less inhibited seduction of girls. He deflected much of his hostility against his mother toward these girls. However, he also feared the relationship to the girls, for after the initial aggression—a rebellion against his mother—he tended to become as dependent upon them as he was upon his mother. He would then become sexually inhibited and lose sexual interest.

Freud has remarked that it seems as though there were intrinsic in sexuality something that precludes complete enjoyment of it by human beings, and suspects that this is attributable, perhaps among other reasons, to bisexuality and ambivalence. Strong dependence,

whether on father or mother, seems to be a trend which particularly in men is opposed to genital sexuality. Fundamentally, neuroses are but one manifestation of a longing for such dependence which has never been outgrown. Hostility is probably a biological element in sexuality. The female cat, wishing to seduce the male, claws at him to provoke him to attack her. Certainly men drain their hostilities by sexuality, as analyses readily show. And so for this, as well as other reasons, probably some guilt, conscious or unconscious, is unavoidable, as Freud has pointed out.

SUMMARY

Freud has shown the role of the incest barrier in the general split in sexual object choice. Further details from clinical observation of male patients show clearly the interaction of dependence and hostilities. Some men categorize women according to the degree of their dependence upon them. These are the women whom they idealize but with whom they are sexually inhibited, in contrast to women who are dependent upon them and with whom they are fully potent. Others, because their sexuality is an outlet for so much hostility that it means to them an attack, are relatively impotent with women whom they respect, and sexually uninhibited only with those for whom they have no regard or sympathy. They divide women into two categories on this basis, and are only potent with the degraded ones who not only are not identified with the incestuous objects, but whom the man can 'attack' because he has so little identification with them. Both mechanisms, the dependence and the hostility, frequently occur in the same individual, and are usually closely related.

FRITZ WITTELS

1880-1950

While arranging to move his home and office, Fritz Wittels died of a heart ailment of which he was aware, but which had not interfered with his activities in his practice of psychoanalysis and in his writing. His book, *Sex Habits of the American Woman*, is soon to be published, and two other books, *Germany is Curable*, and *The Subsistence Army*, were being prepared for publication.

Fritz Wittels began his literary work in 1897, at seventeen, with *Die Nixen, Märchendrama in fünf Akten*. At twenty-three he obtained an M.D. from the University of his native city, Vienna. In his unpublished autobiography Wittels says that he was born in Vienna, at 10 Nestroy Street, named after Johann Nestroy, a typical Viennese, who died in 1861, and who played in the comedies he wrote. Wittels quotes from Nestroy, 'I have the deepest contempt for all people including myself', adding, 'This cynicism, coupled with a disarming candor and phrased in his irresistible manner, is a product of Vienna, the city in which I lived for almost fifty years and which now lives in me. When I and others like me are gone, the Vienna we loved will be gone forever.'

Fritz Wittels was descended from Chaim Vital, the sixteenth century Jewish cabalist of Safed. The family Vital was of Italian Jewish extraction.¹ He was one of four brothers and one sister. Besides Nestroy, he admired the Austrian poet, Ferdinand Raimund, the composers Johann Strauss and Jacques Offenbach.² He attended Freud's lectures in 1905 in the old psychiatric clinic of the General Hospital on Saturday nights, read Freud's works of that early period, and became one of the first generation of psychoanalysts at twenty-five years of age. He attended the First International Psychoanalytic Congress

Read at the meeting of the New York Psychoanalytic Society and Institute, November 28, 1950.

¹ Personal communication, Dr. J. A. Arlow.

² Personal communication, Dr. E. W. Kulka.

in Salzburg. Of that early contact with Freud and his works, Wittels wrote³ that the three publications of the first decade of the century which impressed him most were *Three Contributions to the Theory of Sex*, *Analysis of a Case of Hysteria*, and *The Interpretation of Dreams*. These creations were not only new and fresh; their author's genius was contagious. Before 1910 psychoanalysis was in *statu nascendi*: 'In his [Freud's] presence we all became, so to speak, radioactive'. He enabled all who heard him, as Madame de Staël said of the philosopher Schelling, 'to be understanding and creative for the rest of their lives'; moreover, the world was against him, and one could fight for what one recognized as being true. 'What greater delight could there be found on earth than to hurl the importance of sex into the teeth of a society in which the word sex-life, and therefore soon the name of Freud, too, was not even to be mentioned.'

In 1906, at twenty-six, Wittels began to write, borrowing as his nom de plume the name, Avicenna (Abu Ali al-Husain ibn Abdullah ibn Sina, 979-1037), who was the greatest of Arabian philosophers in the East, and a physician in whom Arabian medicine reached its culmination. In 1907 Avicenna's *Metaphysics* was rendered into German by M. Horten,⁴ and in that year Wittels published *Die Lustseuche* (syphilis) in *Die Fackel* of Karl Kraus. After attending the Second International Psychoanalytic Congress in Nuremburg in 1910, he believed that psychoanalysis '... would change the surface of the earth', and felt that the Victorian age would by way of a psychoanalytic revolution be followed by a golden age in which there would be no neuroses. Great discoveries engender great enthusiasm which easily looks like blind faith to those who share neither the knowledge nor the enthusiasm of the inner circle. Many times Wittels speaks of the 'enthusiasm' which he experienced about the new world Freud had discovered, and he, with the others among the small group of Freud's early adherents, identified 'with the master'. Some remained, some left for different reasons, and the great experience lost color with the passage

³ Psa. Rev., XXXV, 1948, p. 397.

⁴ Encyclopædia Britannica, II, p. 814.

of the years.⁵ In the summer of 1910, the Wednesday evening meetings at Freud's home were transferred to the Vienna Medical Society. 'Here', says Wittels, 'the atmosphere was chill and uncongenial—the personal touch was lacking', and during the summer of that year he resigned from the Psychoanalytic Society.

He was well trained as a physician. He had a rotating internship in the University Hospital 1904–1906 in Vienna, worked in Garrison Hospital No. 2 in 1905, was assistant physician in the Psychiatric Clinic in 1907 (Wagner Jauregg), the Cottage Sanitarium 1908–1914 and 1919–1925, and the Psycho-technic Institute of Vienna 1926–1928. In 1928 he followed Ferenczi as lecturer in the New School for Social Research in New York at the invitation of Alvin Johnson. For most of his residence and practice in New York he lived on Central Park West, and found great pleasure in the park and also the neighborhood where A. A. Brill lived, worked, and strolled. He recalled that in 1909, when Freud came to the United States, Brill resided almost at the same corner near Central Park where he continued to live for forty years. 'This constancy, unusual for a New Yorker, was also determined by Freud who said to Brill, "Stay here, don't move away from this spot; it is the nicest part of the city, as far as I can see". Freud also used to walk in the park.'

Wittels had read much of the fiction of Joseph Popper-Lynkeus and met him when he was developing his social philosophy. Despite the tremendous difference in their ages, he became Wittels' 'dearest friend'. Wittels wrote a book about his friend and sent a copy to Freud with the request that he aid in the propagation of the reforms advocated by Popper-Lynkeus. Freud's reply disappointed Wittels and twenty-two years later he wrote that had Freud met Popper-Lynkeus, he would have been as favorably impressed with the man as he was with his writings.⁶

⁵ *Psa. Rev.*, XXXV, 1948, p. 397.

⁶ *Psa. Rev.*, XXXIV, 1947, p. 496.

In his twenties Wittels wrote three books—one of them a novel, *Ezechiel*. In 1911 and 1912 he attempted a detailed exposition of the way in which the primitive culture of mankind arose, during the late tertiary period, out of love and abundance. Two books, *Tragische Motiv* and *Alles um Liebe*, followed. Of two books he published in 1914, one was a novel, *The Jeweller of Bagdad*.

Then came the First World War in which Wittels served as regimental physician from 1914 to 1919 with the rank of Major. Serving in the Syrian-Turkish theatre, he was decorated seven times. He minimized the importance of his medals, relating with drollery that he won the medal for extreme bravery because he was asleep. His hospital was evacuated during an attack, and when it was recaptured he was regarded as a hero for having defended it alone in his sleep!

In 1922 he published *An End to Poverty*, under the influence of Popper-Lynkeus, and two years later his book, *Sigmund Freud*, under the influence of Stekel. Freud suggested emendations: 'These are based on trustworthy data, and are quite independent of my own prepossessions. Some of them relate to matters of trifling importance, but some of them will perhaps lead you to reverse or modify certain inferences. The fact that I send you these corrections is a token that I value your work though I cannot wholly approve it.' This was part of Freud's letter printed in the English edition with Freud's authorization; further he says, 'Your book is by no means hostile; it is not unduly indiscreet; and it manifests the serious interest in the topic which was to be anticipated in so able a writer as yourself'.

The book, *Sigmund Freud*, was the first fruit of Wittels' renewed interest in psychoanalysis since 1910. The birth of his son, John (1922), in his marriage (1920) with Lilly Krishaber, gave him strength to re-enter the field of psychoanalysis 'after many years of partial exile'.⁷

In 1927 Wittels was again active in the Vienna Psychoanalytic

⁷ Wittels, Fritz: *Sigmund Freud, His Personality, His Teaching, and His School*. New York: Dodd, Mead, 1924, p. 260.

Society. He became a member of the committee, formed two years previously, to enlighten the medical profession by organizing lectures in scientific societies, by publishing articles and reports in medical journals, and by educating public opinion.

1927 was the year when the Vienna Psychoanalytic Society had a membership of fifty, the Swiss thirty-nine, the Hungarian fifteen, the German forty, the Dutch sixteen, the British fifty-one, the American forty-three, the Indian sixteen, and the Russian fifteen.

When Wittels came to New York he was forty-eight years old. In 1928 the New York Psychoanalytic Society invited him to read 'The Various Schools of Psychology, Derived from Psychoanalysis: Jung, Watson, Adler and the Configurationists'. Bertram D. Lewin reported that 'The paper dealt in an enlightening way with the theoretical necessities out of which the departure of Jung and Adler arose and showed how these two were really abortive and hasty attempts to work out the problem which Freud had since accomplished from Totem and Taboo to The Problem of Anxiety. What was being sought was a scientific conception of the superego; neither the Adlerian "Social Feeling" nor Jung's "Racial Unconscious" fulfilled the needs.'⁸

In March 1932 Dr. Wittels was admitted to membership in the New York Psychoanalytic Society by transfer from Vienna. Membership in the American Psychoanalytic Association, the American Psychiatric Association, and fellowship in the New York Academy of Medicine followed. His scientific productivity continued, he functioned as instructor in the New York Psychoanalytic Institute, continued to lecture at the New School for Social Research, and also worked as a research fellow in Bellevue Hospital, New York University, and as associate attending psychoanalyst, Columbia University. His book, *Freud and His Time*, appeared in 1931 and was reprinted in 1948. It is a lively and accurate account of the various aspects of psychoanalysis. His sketches of clinical material are gifted and instructive.

⁸ Int. J. Psa., X, 1929, p. 541.

He showed his erudition in elucidating the ascendancy of the Nazi horror. Though he had left a decade before the Anschluss, he knew at first hand the *Hackenkreutzer* in Vienna. In a brilliant essay, *The Nibelungs and the Bible*, he discussed the translation of the Hebraic Myth by Martin Luther which greatly influenced the German nation, alien though it was. He says, 'It is impossible to exaggerate the influence of this translation on the German people'.⁹ He demonstrated that the language of the prophets, vibrant with religious passion, was burlesqued in the pronouncements of the Nazis. Their quotations from the Bible, out of context, expressed the spirit of neither the Old nor of the New Testament. The resemblances are too striking to be accidental: Hitler proclaimed to the Germans that they were the 'Chosen People', fated to dominate the world. The same was promised the Jews by Jehovah (Exodus XIX:5): 'If ye will obey my voice indeed, and keep my covenant, then ye shall be a peculiar treasure unto me above all people: for all the earth is mine'. 'Praise the Lord' became 'Heil Hitler'. 'One God, one Book, one People', the battlecry of monotheism, degenerated into 'One Reich, one People, one Fuehrer'. Wittels spotted the Devil misquoting the Scriptures to his own ends.

Though close to seventy years old when he died, Wittels radiated the enthusiasm of youth. To the last he gave of himself to his chosen profession, as a physician, as a teacher, and as a fellow worker. Some of his works are translated into French, English, Portuguese, and Swedish. He participated in the work of the Committee for the Study of Creative Activity of the American Psychoanalytic Association with a presentation of his unpublished work, *Idolatry and Rejection of Women in Prehistoric Art*. He maintained his geniality under any stress, aided by his ready wit.

His second marriage was terminated by divorce, and in 1947 he married Poldi Goetz. He is survived by his wife and his son, John, who is an engineer.

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⁹ This *QUARTERLY*, XV, 1946, p. 100.

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BOOK REVIEWS

COLLECTED PAPERS, VOLUME V. By Sigmund Freud. Edited by James Strachey. International Psychoanalytical Library No. 37. London: The Hogarth Press and The Institute of Psychoanalysis, 1950. 396 pages.

Students of Freud's writings have felt indebted to James Strachey for many years owing to the translations of Group Psychology and the Analysis of the Ego, An Autobiographical Study, Freud's great case histories (translated in coöperation with Alix Strachey and published as Volume III of the Collected Papers) and a large number of previously untranslated articles of Freud, published mostly in the International Journal of Psychoanalysis during Strachey's editorship (1940-1945). Strachey's translations are distinguished by their impeccable rendering of Freud's meaning, and the ease and lucidity of style. They are based on a careful rethinking of the author's purpose. This has enabled Strachey to point occasionally to obscurities or contradictions in the original, hints gratefully acknowledged by Freud in footnotes added to the translations.

The present volume contains two kinds of contribution: first, papers published after 1925 (i.e., after the publication of Volume IV of the Collected Papers); this group includes also posthumously published but in part older papers; second, a selection of papers published before 1925, but for one reason or another not included in the previous volumes of the series. In both categories there are some papers never before translated, which make the present volume next to indispensable to students of Freud's writings.

The most important of these papers is without doubt Screen Memories, originally published in 1899. Freud restated his views on the subject on more than one occasion, particularly in the Psychopathology of Everyday Life. However, this first contribution has not been superseded by his later ones. While it is more tentative, it is more comprehensive than his later formulations, and on no other occasion has Freud stressed what might be considered the fundamentals of a general psychoanalytic theory of memory more clearly: using current terminology we might say that Freud presents the view that basic functions of memory, particularly retention and recall, are dependent on past experiences and present needs

of the individual, and are dynamic in all essential aspects.¹ The material upon which this view is based, a vivid and beautifully presented analysis of one cluster of memories, has recently been recognized as being autobiographical,² a fact which might be mentioned in later editions of the present volume.

The fifth volume of the Collected Papers not only fills gaps and facilitates reference but has an independent status. One is drawn to reading and rereading it. This strange fascination may be due to the fact that the papers here collected cover exactly half a century. I know no other single volume that conveys more convincingly an abbreviated impression of the history of Freud's thinking. The first paper of the collection is Freud's preface to his German translation of Bernheim's *De la suggestion et de ses applications à la thérapeutique*, which has never been reprinted in German. It was written in 1888 by Freud, the neuropathologist, who attempts to clarify 'the antithesis between the mental and the physiological phenomena of hypnosis'. Thoughts that occur in some of the latest contributions reprinted in this volume—for instance, in *Analysis Terminable and Interminable* (1937)—seem, however distant, still to rest on the background from which Freud's earliest writings emerged: the problems of the independence of the ego organization, the idea that free aggressiveness as an instinctual force may act as an independent factor creating proneness to pathological conflict seem to have their roots in Freud's physiological thinking. These hypotheses in the progress of psychoanalytic theory have not yet been fully assimilated, though they seem to facilitate many theoretical formulations and may prove invaluable in formulating a psychoanalytic theory of certain psychoses.³

¹ In contemporary theories of memory a similar view has been taken most insistently by F. C. Bartlett in his well-known treatise, *Remembering*. London: Cambridge University Press, 1932. Bartlett, however, polemizes against Freud and remains unaware of his debt to him.

² Cf. Bernfeld, Siegfried and Bernfeld, Suzanne Cassirer: *Freud's Early Childhood*. Bulletin of the Menninger Clinic, VIII, 1944, 107-115.

³ One of the reasons why they may not have received due attention may be that in Freud's *Outline of Psychoanalysis* (or at least in its completed parts) (1938-1939) these ideas are not taken up. In writings destined for a larger audience Freud was at all times likely to suspend the presentation of ideas which at the time of writing were gradually taking shape in his mind. This seems to apply to some of the thoughts expressed in *Analysis Terminable and Interminable*.

In reading through the contributions of the present volume one may ask oneself whether in any other science the development of one investigator's work has covered a similar ground and undergone so many phases and reformulations. There is no doubt that historians of science will at one time examine such questions. We hope that they will be able to base their conclusions on translations of Freud's Collected Works, prepared by the editor and translator of the present volume.

ERNST KRIS (NEW YORK)

CONTRIBUTIONS TO PSYCHOANALYSIS. 1921-1945. By Melanie Klein. International Psychoanalytical Library. No. 34. London: The Hogarth Press and The Institute of Psychoanalysis, 1948. 416 pp.

In a cordial introduction to this volume of papers, Ernest Jones gives a brief account of what might be described as a chapter in the history of the psychoanalytic movement in Britain. This chapter begins with the 'commotion', as Jones puts it, that was caused by the impact of Mrs. Klein's theories on a society which till then had been 'a model of coöperative harmony'. Briefly he indicates the salient features of her theories and while not underwriting every one of her conclusions it is evident that he regards the controversy as no mere frontier skirmish, for he is led to make this prophecy: 'The division in the British Society will, presently, I doubt not, be reproduced in all other psychoanalytic societies, and in the absence of colleagues with firsthand experience of Mrs. Klein's work she must expect adverse critics to be in the majority'.

In the psychoanalytic world of today it will probably take more than a book to cause a schism. In England candidates had the opportunity not only to read Mrs. Klein, but also to be analyzed and trained by her and her colleagues, and it is understandable, therefore, that such candidates should be favorably disposed to her theories. By the same token it is also understandable that those who have been trained by 'orthodox analysts' (to use a tiresome cliché) should be no less convinced of the rightness of their scientific viewpoint. From which fact one may be led to conclude that scientific objectivity is partly an illusion, and one need not be surprised that discussion of Mrs. Klein's theories tends to take

on an emotional tinge which is usually associated with sectarian disputes where each party regards the other as a 'bad object'.

As, presumably, American readers will have little opportunity of being trained by Mrs. Klein, they will have to rely for their knowledge of her work on two books: *The Psychoanalysis of Children*, which appeared in 1932, and this volume of papers. The reception that is given to this book will depend on the reader's reaction to a number of things.

First of all, there is the matter of terminology. It is not that Mrs. Klein invents new terms, or departs very far from the accepted vocabulary of the psychoanalytic schools; it is rather that she speaks in a dialect, as it were, and it takes time to attune one's ear to it. Probably the best approach to understanding her language is via the writings of Abraham to whom, as she frequently states, she owes so much.

Then there is the matter of her prose style. By no stretch of the imagination could Mrs. Klein be called a pellucid writer. She can at times be obscure or ambiguous so that there is often doubt as to whether one has understood her aright. It is also a highly condensed style and this, with a certain lack of clarity, makes big demands on the reader.

Finally, there is the subject matter of her research. The period with which she deals is the most primitive, the most inchoate and the most inarticulate and, as she implies, translations of these early fantasies into the language of adults can never be more than a rough paraphrase. One could put it this way: Mrs. Klein is interested in the beginnings of things—in the beginning of the œdipus conflict which in her view begins at the end of the first year; in the beginning of the superego which for her is not the result of a single event, the passing of the œdipus conflict, but a gradual process which starts with the earliest projections and introjections; the beginnings of early object relations during that period when the distinction between self and not-self is blurred and where parts of the body are not distinguished from the person of the mother as a whole.

It is therefore an animistic world to which we are introduced in these pages and of all the papers in this volume none gives a more convincing portrayal of this world than her paper, *Infantile Anxiety Situations Reflected in a Work of Art*. In essence it is an analysis of Ravel's opera, *L'Enfant et les Sortilèges*. Its advantage

is that it can be read without bothering one's head about theory, and to follow her interpretations is easy. It is here that she reveals her sensibility, her capacity for divining the child's unconscious with the immediacy that one associates with the artist or the poet. Those who find her formulations 'fantastic' will find this paper more convincing.

To turn to the other papers. One of them, Symposium on Child Analysis, is controversial in that she is concerned with demonstrating the principles and method of child analysis as she conceives them and how she differs from Anna Freud. Many of the earlier papers form a theoretical background to her earlier work, The Psychoanalysis of Children. In the three last papers she notes the resemblances between certain infantile processes and those so blatant in the psychoses. Jones makes this comment: 'The resemblance cannot be merely an external one. There must be an inner relation between these psychoticlike reactions and phases in the infant and the efflorescence of them in actual insanity.' The final paper, The Oedipus Complex in the Light of Early Anxieties, is the most important contribution in the sense that it is a recapitulation of earlier themes and a synthesis. In the final section of this paper she summarizes her views of the origin and development of the oedipus complex in the boy and the girl respectively and then compares her formulation with that of Freud.

Now whether or not Mrs. Klein has found the right answers is a matter for research and future validation, but it is much to her credit that she has the courage to ask the right questions. To be sure, Freud had given some indication as to what those questions were and had pointed to the terrain which had yet to be explored, viz., that period of infantile development that antedated the oedipus complex. It was into this little explored territory that Mrs. Klein carried her investigations. That this should evoke reactions we know from Brunswick, another pioneer in this field, who had to allay the anxieties of the reader with these words: 'When we attempt to examine the origins and precursors of the oedipus complex, we encounter among analysts an opposition not unlike the earlier opposition of the outside world to the oedipus complex itself.'

It is not intended to echo any of this criticism, and this short review will confine itself to two brief comments. The first concerns Mrs. Klein's conception of the superego. There is one aspect

of its development which is completely missing in her account, viz., that the superego, as Freud showed, is also built up on the unconscious conscience of the parents. In this way the superego becomes the medium whereby the values of a culture are transmitted from one generation to the next, so that the child is itself part of a historical process. It is this historical and cultural aspect that is completely absent from her account of the matter. Closely connected with that is another impression: that Mrs. Klein does not take into account the ambivalence of the parents. Whether she intends to exclude this factor is not certain, but at least she gives the impression of ignoring it.

However, it is easy to overlook the very valuable contributions she has made to our knowledge of early development. Scattered throughout these pages are many valuable insights and original observations. There are surmises which suggest further lines of research and observations that stimulate thought. It would be unfortunate if these valuable things were missed by allowing difficulties of style and differences of scientific dialect to weigh unduly. There is a detailed bibliography and index, and there is also, it should be added, the promise of a further volume of papers.

W. N. EVANS (NEW YORK)

PRINCIPLES OF PSYCHODYNAMICS. By Edoardo Weiss, M. D. New York: Grune & Stratton, 1950. 268 pp.

Edoardo Weiss's book presents certain aspects of ego functioning and development which had been heretofore neglected in psychoanalytic literature. He pays sincere homage to his teacher, Paul Federn, who conceived many of the ideas in this volume. It is a serious and stimulating piece of work, but it is handicapped by a highly subjective approach and a strange unevenness in the scientific level of the material.

The first few chapters are devoted to a general review of some of the basic principles of psychoanalysis: the pleasure-pain principle, the ego and the id, mental energy and the theory of instincts. Beginning with *The Dynamics of the Ego*, Weiss attempts to formulate his special interest in ego-feeling, the most provocative part of the book. He distinguishes four different kinds of ego cathexis: active, passive, reflexive, and medial. It is the medial libido which is the ultimate source of ego feeling and the truly 'primary

narcissism'. This medial libido also contains a mortido component which can lead to morbid ego feelings if there is a deficiency of libido supplied to the ego.

The ego consists of two components: a body ego and a mental ego. Under normal circumstances the body ego corresponds to the body image, but if pathological changes in ego cathexis occur, the body image will be disturbed. As a result, parts of the body may be felt as external objects, or a part of the body may be felt as having disappeared. This is determined by the 'egotizing' cathexis of the ego. The mental ego includes perceptions, feelings, emotions, thinking, as well as representations of time and space. The mental ego can undergo disturbances similar to those of the body ego with the result that certain mental activities can be felt as estranged.

In order to explain these clinical phenomena Weiss describes in some detail his conception of the role of 'ego boundaries' in establishing the sense of reality and reality testing. Freud's approach to this problem as set forth in chapter 7, parts E and F of *The Interpretation of Dreams*, is apparently discarded for a new point of view revolving around the conception of ego boundaries. According to Weiss, all thoughts and memories which come to consciousness without immediate 'egotizing' are sensed as if they belonged to data of the outer world. The ego boundary is formed by the ego's counter cathexis. It is the ego's task to intercept hallucinatory processes by this counter cathexis, so that it can 'egotize' them. Otherwise, the hallucinatory process will be felt as real. Feelings of depersonalization are caused by withdrawal of libido from the ego boundaries rather than from the representation of objects.

Originally the only ego component is the mental ego, and only later does the body ego differentiate itself. In waking life the ego obviously always includes both body and mental ego feelings, but in dreams it is usually the mental ego feeling which is retained. The body ego and the mental ego may undergo different vicissitudes in dreams, with the body ego becoming 'de-egotized' while the mental ego retains its cathexis. It is impossible to do justice to Weiss's formulations but the above is a rather good sample of both the interesting and stimulating way of thinking and also the difficulty of following such an unsystematic and highly subjective presentation.

The chapter, *Personal Relationships: the Recognition of Other*

Egos, investigates some special forms of object relationships which are based on identifications. 'Psychic presence' is the mental image of another ego within one's own ego which influences emotions and behavior. It is a forerunner of the superego and is limited to the mental ego of another person. The superego requires the incorporation of the body and mental images of another person. 'Mental resonance' is another form of identification, the 'proxy satisfaction' that adults receive from observing children. Unfortunately, in describing the formation of the superego, Weiss neglects the crucial role of the oedipus complex, and also omits describing the vicissitudes of the superego, particularly the unconscious superego.

Highly interesting is a section on schizophrenia with special reference to the changes in ego feeling. Weiss agrees with Federn that schizophrenia begins with partial and slight disturbances in ego feeling as a result of too little production of medial ego libido which leads to a lack of libido for objects.

The last half of this book is a highly condensed description of certain clinical psychoanalytic concepts. They add nothing new and the extreme brevity leads to oversimplification: some forty pages of text discuss the hysterias, obsessional and character neuroses, sexual perversions, and the principles of psychoanalytic therapy. Whereas the earlier chapters on ego psychology and identification are apparently written for the experienced analyst, these last chapters seem to be meant for laymen and beginners. The chapter on Psychoanalytic Therapy is noteworthy since in it Weiss seems to have returned to a more conservative position as regards the principles of therapy than he expressed in his contribution to Alexander's and French's book on this subject.

Edoardo Weiss's book is difficult to evaluate. On the one hand, there are interesting, intricate, and sensitive descriptions of certain nuances in ego feelings and ego functions; on the other hand, Weiss does not strictly differentiate between conscious and unconscious ego functions and uses the term ego in several different meanings. The omission of the well-known theoretical formulations of Freud, Glover, Hartmann, Kris and Loewenstein also adds to the difficulties. This book would have made a more positive contribution to psychoanalysis if it had limited its scope.

DIANETICS. The Modern Science of Mental Health. By L. Ron Hubbard. Introduction by J. A. Winter, M.D. New York: Hermitage House, 1950. 452 pp.

The din created by dianetics must certainly have reached the ears of most psychiatrists by this time, and there are many who seem to be seriously disturbed by the appeal which it has for large numbers of unhappy people and by its fantastic claims of therapeutic effectiveness. Shall we take it seriously despite the rank odor of charlatanry which clings to every word and sentence of its founder, or are we to ignore it as one of those periodic deliria which afflict human beings in troubled times? Certainly, were it not for the terrible shadow which the cloud over Hiroshima casts on these unhappy days, it would seem as though the Roaring Twenties were imminently to be replaced by the Febrile Fifties, for there is much about dianetics which is reminiscent of the movement called Technocracy. Technocracy lived its brief and hectic life in the era of flagpole sitting and marathon dancing. Like dianetics, it had a large appeal for those to whom the decisive divorce of science from magic must be a source of everlasting regret, and as paradoxically as the latter, it was clothed in the respectable language of science. Nevertheless, I believe we must make some attempt to understand the meaning of any pseudoscientific movement with such appeal, even though the most casual examination of its hypothetical structure must inevitably lead the serious scientist to dismiss it as pure 'gobbledygook'.

Briefly stated, dianetics postulates the existence of a 'reactive mind' and an 'analytical mind'. The former operates exclusively in a stimulus-response way to physical pain and painful emotion, while the latter corresponds, more or less, to the conscious and rational mind. The 'recording' of painful stimuli, *literally and verbatim*, (reviewer's italics) begins at the very moment of conception, and continues throughout intra- and extra-uterine life, producing 'engrams', which are 'the only source of aberrations and psychosomatic illness', and can only be removed by dianetic therapy. Individuals are subject to the imprint of such engrams during moments of unconsciousness. When anyone is unconscious he is the hapless victim of those around him, who, by failing to maintain a discreet silence, inflict upon him all sorts of engrams. As far as I can make out, one of the tenets of 'preventive dianetics' is that

the woman bearing a child must move through pregnancy in a kind of hushed silence so as to preserve the future mental health of her offspring. Hubbard asserts that the existence of the 'reactive mind' was never even suspected until he came along, and is emphatic in asserting that it has nothing to do with the epochal discoveries of Freud. Although he never makes mention of the discarded theory of hypnoid states, just as he never allows priority to the numerous authors whose concepts (in a garbled way) are implicit in most of what he has to say, it is perfectly apparent that the periods of unconsciousness for which he claims such critical importance are none other than a version of the fictional hypnoid states. This, a *deus ex machina* in pure culture, is the foundation of his entire hypothesis. It would be an endlessly detailed task to enumerate the blatant fallacies in every instance in which he claims to adduce evidence for this point of view. I do not know whether he is familiar with the elementary fact that Freud was long ago compelled to discard the validity of his patients' claims of infantile seductions, and to proceed with his investigations on the basis that they were fantasies, but certainly Hubbard is gratefully gullible in accepting his patients' accounts of their infantile experiences as pure and simple facts.

Dianetic therapy consists of lying on a couch and going into a 'dianetic reverie' in the presence of an 'auditor' who may be husband, wife, relative, friend, or 'professional therapist'. The auditor calls the patient's attention to various periods of his life and tells him not to remember nor to associate, but to 'go there'. This the patient proceeds to do on his 'time track'. Everybody has a 'time track'. The patient must always get 'there' without going into a hypnotic trance. Trances are not good. One cannot remove engrams unless the patients are quite conscious. Consequently, if you have already begun to suspect that this procedure is nothing more than hypnosis dressed up in the language of electronic engineering with a dash of cybernetics, Hubbard hastens, with some show of heat, to assert that it is no such thing, because hypnosis requires the patient to be made unconscious. The fact that it has long since been established that there are transitional states of hypnosis ranging from clear consciousness to deep trance, and that excellent therapeutic effects may be produced without trance, has either escaped his 'scientific' investigations, or he has blandly chosen to ignore this embarrassing fact. This is of a piece with his complete failure to furnish any

bibliography. But I suppose that the prerogative of dispensing with references may be allowed a pioneer who compares the 'discovery of dianetics' with that of fire.

There is so much in this book which, in its enormous seductiveness for large segments of our population who worship the magic of the business machine and the electronic calculator, must account to some extent for what may well be the immediate and spectacular effect of dianetics on not a few people. It is full of devastating claims to absolute accuracy—and we all know too well how many there are whose passionate craving for an omnipotent authority makes them victims of the monstrous lie. It makes no difference that to Hubbard authority is ostensibly anathema, for obviously he means by authority everybody save himself. Since by definition dianetics is the only true science of the mind, and science to be worthy of the name must be mathematical, cure by dianetics is inevitable. Dianetics can do no harm. The human mind can be damaged only by engrams and by psychiatrists who inflict them by their clumsy attempts at therapy. Anybody, especially an engineer, can learn to do it, and it is all nicely contained in a book. After all, Americans are notoriously adept at mastering the machine. You just learn about 'recording', 'computing', 'auditing', 'memory banks', etc., and thus comfortably avoid all the baffling complexities with which we benighted analysts have been humbly struggling for so long, and you can produce 'clears', who in the dianetic jargon are the salt of the earth. 'Clears' seem to be a kind of Superman, in whom the analytical mind holds sway, and who, if we could hurry and turn out enough of them, would save civilization.

There is a good deal more to it, by way of technical injunctions, but these should offer no difficulty to the average man.

I do not doubt that psychotherapeutic effects can be produced by an essentially hypnotic procedure. Whatever else dianetics does to its followers in terms of personality is impossible to say, and it is entirely likely that this latter-day psychological Technocracy might reveal some weird effects in its devotees. Judging from the tenor of this book, one can hardly take the word of Hubbard and his followers as objective. Certainly, more than one school of psychology, far more serious in its methodology and less arrogant in its claims, has turned out human beings, who to the less prejudiced eye appear simply to have cloaked their neuroses in an outlandish garb. Certainly, too, from some scattered and accidental

observations, there are patients treated by dianetics who might well embarrass its author. Nevertheless, I do not believe we can explain the effects merely on a hypnotic basis. In all likelihood, we are dealing with the enormous influence of a movement which may give people the sense of belonging to a group—an effect no less like that of a new religion because it uses language which looks scientific. There is something to be learned from all this, namely, that although dianetics will undoubtedly go the way of all fictional systems, a true mental hygiene must ultimately go beyond individual psychotherapy and in the direction of a truly healthy society. Such a society must give the individual a far deeper sense of belonging than is possible in this day and age.

L. Ron Hubbard is a masterful writer of science fiction. This book, assuredly, must be his masterpiece.

NATHANIEL ROSS (NEW YORK)

MORE ABOUT PSYCHIATRY. By Carl Binger, M.D. Chicago: University of Chicago Press, 1949. 201 pp.

The foreword of a book can be a revealing thing. Here the author holds out his offering and like the prologue to a play, with hope and some apology, asks you to like this part of him. Whether Carl Binger's opening comparison of his thoughts to impaled winged insects has deep and perhaps subtle implications about himself we can only surmise. He has, regardless of this possibility, proved a highly successful entomologist with his own brain children.

Had he written and offered only the chapters which emphasize the great importance of the medical history, the publication of this book would have been justified. 'Why the Professor Fell Out of Bed' is handled like a detective story and is just as gripping and more instructive. When added to this are some well-phrased comments on psychosomatic medicine and the wider applications of psychoanalytic theory to social behavior, this small volume becomes worth while indeed.

The tradition of good writing—a clear and sensitive style with richness of metaphor—is a long one in the medical profession. Increasingly, as the need for honesty in the expression of feeling grows, physicians, from their wide background of human experience and the relation of science to it, move toward simpler and more direct statements of their thinking. As Hemingway says, 'There are older and better words (than the ten-dollar variety) which if

you arrange them in the proper combination you make it stick'. This is what Carl Binger has tried to do in his book and, if the demands of writing on a technical subject make the use of ten-dollar words inescapable, he has certainly kept them to a minimum.

For the medical student who raises his eyes from his massive texts briefly, this book will give vistas of the far green fields of practice, and no small view of the art of medicine. For the social worker, it contains almost all the pronouncement she would like to hear from her own doctors. And for the physician, whether he be surgeon or dermatologist, who steadfastly clings to the outworn attitude that emotion has little to do with his patients' suffering, this book will be of inestimable value.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

THE WRITER AND PSYCHOANALYSIS. By Edmund Bergler, M.D. New York: Doubleday & Co., Inc., 1950. 265 pp.

Much in this study of the creativity of writers will be familiar to Dr. Bergler's numerous readers and disciples. Here they will find his characteristic diagrammatic style of exposition, his well-known uncompromising assertions, and the concepts he has often described—the five-layered structure of sublimation, oral regression, psychic masochism and pseudo aggression. This book not only expounds these phenomena, it shows them as essential factors in creative writing and in the personality of writers. With reference to these concepts this book also discusses the writer's relations to his fellows (especially as regards plagiarism), to his readers (exemplified by mystery addicts), to society, and to the culture of his time.

These basic concepts then are the core of the book. Of their validity there can be little discussion. They are the quintessence of years of unusually keen clinical observation. To understand them requires careful study; to appreciate them the reader should apply them not only to the cases Dr. Bergler cites, but to his own as well. These ideas will then become useful diagnostic and therapeutic tools.

Opinions differ though on the extent to which oral regression and pseudo aggression contribute to a creative act. In Dr. Bergler's view these elements are paramount, perhaps exclusively. Others have pointed out the parts played in artistic production by homosexuality, by oedipal impulses, by aggression and by a need for

restitution of ambivalently cathected internal objects. The evaluation which the reader will give to each of these factors will depend not so much on theoretical considerations, as on his own emotional bias and ability to recognize and to interpret these phenomena in the cases he sees.

However, this study, like Dr. Bergler's other publications, is not simply a practicing analyst's *vade mecum*. Owing to the striking nature of their titles and to the general appeal of their contents, Dr. Bergler's books are widely read, and have introduced psychoanalytic concepts to many who would otherwise be ignorant of them. It is regrettable that here such concepts are presented with more attention to the reader's intellect than to his feelings. For instance, the tone which pervades the writing, a tone both messianic and at the same time belligerent, makes more difficult than necessary the acceptance of formulations in themselves damaging to the narcissism of all those associated with the author's craft. Again, the text contains many bizarre words ('scurrile' for scurrilous, 'variating' for varying) and expressions too undignified for their setting ('all other reasons are bunk'). These dissonances interrupt the development of ideas, and suggest that psychoanalytic thought is something remote from everyday living, something weird and obscure.

Yet these peculiarities of expression do not detract from the value of the contents for the analyst. Dr. Bergler's pursuit of psychic manifestations to their deepest springs can be usefully imitated in clinical practice. An analysis of a gainful occupation as a solution of unconscious conflicts such as this book offers might well be carried out on other types of work, not so obviously neurotic as is the writer's.

GERALDINE PEDERSON-KRAG (NEW YORK)

EMOTIONAL DISORDERS OF CHILDHOOD. A Casebook of Child Psychiatry. By Gerald H. J. Pearson, M.D. New York: W. W. Norton & Co., Inc., 1949. 368 pp.

Dr. Pearson has attempted the ambitious task of summarizing the literature of the last twenty-five years on child psychiatry and child analysis, and of illustrating it by a series of sixty-two case reports of the most varied kind. These reports cover almost every aspect of psychoanalytically oriented child psychiatry, and are often accompanied by a detailed account of the analytic structure of the case and of the treatment process. He has been amazingly successful

in the difficult task of condensation and selection. This book is in every way worthy of its two well-known and popular predecessors which he wrote with Dr. O. Spurgeon English, *Emotional Problems of Living* and *Common Neuroses of Children and Adults*. In many ways it is a supplement to the latter volume. Like the earlier books, it is written in an optimistic spirit regarding both prophylaxis and therapy. There is a similar optimism about psychoanalytic education. Though the author stresses common sense and the practical, he avoids no intricacy of theory or dynamics despite the fact that the book is largely intended for medical students and doctors outside the field of psychiatry and analysis. In the preface he discusses the didactic difficulties involved in presenting this varied mixture of cases, some simplified, some presented in great complexity, and gives cogent reasons for his choice of method.

In a book so encyclopedic in its scope, one can naturally find omissions. The reviewer was especially struck by the scant attention paid to learning difficulties, which loom so large among the problems of school children. In the more theoretical explanations of intrapsychic mechanisms, relatively little attention is devoted to problems of orality as compared to anal-sadistic factors. On occasion, terms are used in an unusual sense; for example, 'working through' is defined as the developmental process whereby the primacy of the genital zone is established, rather than in the sense that has become current since Freud's paper, *Recollection, Repetition and Working Through*. But these are but carping comments on a splendid addition to the library of the student of analytic child psychiatry.

EMANUEL KLEIN (NEW YORK)

CHILDREN WITH MENTAL AND PHYSICAL HANDICAPS. By J. E. Wallace Wallin, Ph.D. New York: Prentice-Hall, Inc., 1949. 549 pp.

This book relies heavily upon the forty years of firsthand experience that the author has had in the education and treatment of all kinds of handicapped children. It contains fifty-six references to self and is fraternally dependent upon the multitudinous works of others in the field of abnormal clinical psychology. It is as descriptive as a catalogue would be and its illustrations are as dated as is a tintype. The pictures alone are of such extreme cases of abnormalities that the text itself is handicapped. In order to remain compassionate and tolerant at all, a student or research

worker viewing these would have to be compulsively obliged to become ruthlessly objective ever to continue in the field with enthusiasm or interest.

The book does not refer to any of the many psychoanalytic or psychosomatic concepts of the past decade that might help educators or counselors with the parents or kin of the handicapped. It might well serve to perplex endocrinologists and psychoanalysts. Midway in the text, growth anomalies related to endocrine disturbances are presented. The author, as an observing recorder, is reporting on precocious puberty and in passing refers to Emil Novac's assertion that the most common form of sex precocity is the constitutional type. Soon thereafter he notes objectively: 'Such allegedly normal cases of extreme sex precocity, perhaps more common than usually assumed, are consistent with Sigmund Freud's doctrine of infantile sexuality, which apparently has been confirmed by an extensive investigation along nonpsychoanalytic lines of the sex life of twelve thousand American males in all walks of life'. And while Kinsey is allowed to stand upright on the ramp for the moment, not alone but with this legion of twelve thousand at his back and by his side—all Americans with and without inhibitions and handicaps, or perhaps both factually and fancifully so—Wallin, with forty years of experience in hand, obligingly pronounces in conclusion of Kinsey: 'This investigation has also confirmed many facts of sexual behavior well known from earlier less extensive investigations'.

The book is restrictive and unnecessarily so. It will not only perplex psychoanalysts in many ways but it may also perplex others by its own complex isolation of entities.

H. E. CHAMBERLAIN (SACRAMENTO)

HYPNOTHERAPY OF WAR NEUROSES. By John G. Watkins, Ph.D., New York: The Ronald Press Co., 1949. 384 pp.

The author, a clinical psychologist, reports on the psychotherapy done in the neuropsychiatric division of an army convalescent hospital during the late war, for the benefit of 'other clinicians' and as an aid to the 'professional student who wishes to learn hypnotherapy'. The discussion of hypnotherapy and especially of hypnotherapeutic techniques is instructive and informative, although nothing essentially new is presented. Of some interest is the evidence the author presents that subjects under hypnosis may be

made to commit criminal acts, be hypnotized against their will, made to reveal secret or self-incriminating information.

Whatever virtues there are in this book are vitiated by the author's scientific pretentiousness, and his somewhat over-confident and bombastic manner. Most striking is the author's curious ambivalence to psychoanalysis. He quotes with approval Stekel's statement that 'Freud's psychoanalysis may become detrimental to the patient if it extends over several years', and that 'most orthodox freudians will realize the disproportion between effort and result'. He then asserts that recent trends in psychotherapy have tended to bear out Stekel's prediction. On the other hand, he calls the form of psychotherapy discussed in this book 'analytic-type' because it is psychoanalytically oriented and has borrowed heavily from freudian theory and practice, but hastens to reassure that it is not psychoanalysis, as it has departed widely from the latter both in techniques and in the definition of many of its terms. Then, in a somewhat contradictory fashion, he asserts that he is not trying to improve dynamic theory, but to offer a practical working formula to the practicing psychotherapist.

Actually, the level of the author's theoretical understanding of psychoanalysis does not extend much beyond the period of Freud's *Studies in Hysteria*. And, in spite of all the hypnotherapeutic frills, such as automatic writing, artificial induction of dual personality, the giving of projective tests in the trance state, etc., his therapeutic technique is reminiscent of the old cathartic method. There is no intention of minimizing the utilization of hypnotherapeutic techniques in war neuroses, but only to stress that nothing so new under the sun has been added as the author would wish us to believe. The great majority of the cases presented belong to the conversion and anxiety hysterias, and the author's discussion of them shows what has long been known, namely, that where the chief defense mechanism is repression, hypnosis can bring about rapid symptomatic cures. That hypnosis is not so effective when other defense mechanisms are involved is demonstrated by the author's last case history. This concerns a patient with an 'entrenched phobia' of the dark. Although the author speaks of the patient as having a severe obsessive-compulsive neurosis, he seems to have had rather severe paranoid tendencies, and his phobia was actually a fear that somebody would attack him in the dark. It is interesting to observe how intense this patient's resistances were and how he eluded for

many weeks the complex hypnotic maneuvers to which he was subjected.

For a book that is presumably addressed to a professional audience, it is written in a needlessly popular and overdramatic style. There is a great deal of loose use of terminology, such as speaking of the patient's fear as a projection of his guilt feelings, or reversing this proposition and referring to the guilt feelings as being projected into the patient's fears, when actually the material being dealt with referred to the patient's fear of being attacked which represented a projection of his unconscious hostile impulses to the father figure. It is unfortunate that some rather instructive hypnotherapeutic case material is drowned in a sea of loose thinking.

CHARLES FISHER (NEW YORK)

BRISTOW ROGERS: AMERICAN NEGRO. A Psychoanalytical Case History.
By Else P. Hillpern, Irving A. Spaulding, Edmund P. Hillpern.
New York: Hermitage House, Inc., 1949. 184 pp.

The color and complexity of human personality as revealed by psychoanalysis have quite escaped the authors of this 'case history'. These quotation marks, too, are more than nominal in intention, unless one considers it excusable to present a psychiatric record with hardly a word about the patient's life history before plunging into his 'free associations' (many of them written down à la self-analysis), beginning in the third month of treatment. As for these associations, they are singularly weighted with the histrionic abstractions of an obsessive intellectual, and most of them are far from 'free'. Thus they are hardly calculated to convey to 'students of human nature' fair samples of what goes on in analytic sessions, this being the stated intention of the authors. Thrown in for good measure is the particular problem of the psychology of the 'marginal man'. Presumably the above-named students are to study this record with such an end in view. If they seek any assistance from the authors, they are doomed to disappointment. Their only contribution to this vexing problem is the sage assertion that being a 'marginal man' only adds to one's personal problems. It is true that they dissociate themselves from any large attempt to deal with this problem by claiming in the preface that there is not yet enough material on the subject to arrive at adequate conclusions. But

if this is so, the designation of the patient as belonging to a particular ethnic group is at best irrelevant and at worst misleading.

As if all this were not enough to make one question the entire intention and execution of this work, the case itself is presented after one year of treatment when the results were admittedly poorer than average. Interpretations are characteristic of the Horney school; the clichés of 'inadequacy' and 'dependence' abound and there is the usual reassuring remark about homosexuality. One looks in vain for the fine specificity of sound analytic procedure.

NATHANIEL ROSS (NEW YORK)

INTRODUCTION TO PSYCHOPATHOLOGY. By Lawrence I. O'Kelly.
New York: Prentice-Hall, Inc., 1949. 736 pp.

Dr. O'Kelly is a comparative and experimental psychologist who was suddenly introduced to the field of clinical psychology through wartime assignments. 'As any person would do when placed in a novel situation, the comparative psychologist utilized the old and habitual ways of looking at problems: thus I attempted to fit my observations of disordered behavior into a general biological framework.' Consequently, Dr. O'Kelly defines psychopathology as 'the branch of biology that studies defective behavior, that is, maladjusted behavior'. This definition indicates an adherence to a school of psychology that goes back to Pavlov and his studies of the conditioned reflex which constitute the underlying assumptions for somatic cures, such as various types of shock treatment and neurosurgery. For the greater part, this school seems to stand in uncompromising contrast to psychoanalysis.

The book is divided into three parts. The first part deals with basic concepts. Part two takes up the problem of disordered behavior, such as anxiety, psychosomatic considerations, neuroses and psychoses. The nosology of part two is followed by a probing into the causes of disordered behavior in part three. Heredity, body constitution, body structure, physiology, pathology, and organic causes are investigated and examined for possible clues and contributory factors. Prominent space is given to Sheldon's constitutional factors in personality, but no mention is made of Szondi's attempt to study the role of latent recessive genes through the test which bears his name. Likewise omitted are studies carried out in Sweden on the neurological changes in mental disease.

In spite of his biological and physiological orientation, Dr.

O'Kelly does not always adhere to his basic tenets. He states (p. 37), 'social motives developed as a consequence of growing up in a social world are often as compelling and demand satisfaction as vigorously as do needs arising at the cellular level'.

ADOLF G. WOLTMANN (NEW YORK)

S. WEIR MITCHELL: NOVELIST AND PHYSICIAN. By Ernest Earnest. Philadelphia: University of Pennsylvania Press, 1950. 279 pp.

It is indeed fitting that this well-constructed, judicial, and gracefully phrased biography should be produced by the University Press in Philadelphia, the city where Weir Mitchell was born, where he lived a long life, and where he fitted so well into the intellectual and social milieu. He was one of the ablest of American physicians, and one of the most attractive. It is time we were reminded of Dr. Mitchell, and that his works, his leadership, his character, and even his antagonisms should be appraised. The biographer, who is head of the English Department at Temple University, writes in a style that is both sound and readable. This is by no means his first biographical work, and we may hope it is not his last.

Silas Weir Mitchell was a frail boy in a vigorous family. He was imaginative and loved to read, with some interest in sport but not able to do as much as his brothers. At sixteen he spat blood and was told to spend much time out of doors. This gave him opportunity to observe nature with particular care, and his later writings contain many finely appreciative passages describing what he saw. He inherited his share of the Mitchell family energy, demonstrated in the very busy life he led, but hunting and fishing took the place of competitive sports.

His regard for his father, a physician who had gone to Philadelphia from Virginia, was profound. The father died when Mitchell was twenty-nine, his mother when he was forty-three. He married in the year that his father died, was widowed within four years, and remarried at forty-six, within a year of the death of a sister who had been running his house and rearing his two young sons.

Despite disappointment, frustration, and grief, he seemed to enjoy life from early to late; hence the reader may be surprised to learn that he recalled his boyhood as a period of 'wearisome ennui'. As a young man he carried a heavy load of family responsibility. One brother was a financial burden. Later one of his sons studied too little and spent too much, but turned out very well. Death took many whom he loved. Once he had to stop work and went abroad

for two months. He had seen twenty-four private patients in one day, was serving in an army hospital and doing research, and had failed to obtain an academic appointment that he wanted. Obviously he was an enormous worker. It may be noted that research was not so highly esteemed then as now, and Mitchell had been advised against spending time on it.

He sustained intimate friendships with such men as Billings, Osler, Phillips Brooks. Equally intellectual women advised him in literary matters. He befriended young people with good minds, such as the young Noguchi. His social life was very active, and in his latter years he was viewed as another Benjamin Franklin in the life of Philadelphia. He spoke boldly against civic corruption and official ineptitude wherever he observed it.

Dr. Mitchell was one of our earliest and ablest neurologists, the leader of the outstanding Philadelphia group. His rest cure became famous; through it he got the patient away from usual irritants, fed him what he should have, and probed his fears and worries. He held a disrespectful view of hospital psychiatry and, invited to express it freely at the jubilee meeting of the American Medico-Psychological Association in 1894, he exhorted the members to descend from their 'ivory towers'. Snake venoms interested him throughout his career and his studies contributed to early immunological formulations.

Distinguished medical specialist and citizen that he was, he will perhaps be longer known outside professional circles because he wrote very acceptable novels, one a best seller. They dealt largely with American history, and all analyzed some problem of the inner life, as well as matters like medical theory, extrasensory perception, women's education, philosophy, abnormal psychology. The biographer is perhaps a little regretful that Dr. Mitchell's books—and life as well—adhered consistently to strict sexual morality. He wonders also that Mitchell did not accept the freudian theses, for he showed such clear appreciation of the influence of old experiences in shaping the events of today in a man's life. We should remember that in intellectual revolutions, as in those political, the moderate sees some of the new truth, but being a moderate—a middle-of-the-roader—he cannot accept radical doctrine. In time the radicals take over and push the moderates to the wall.

This volume is an inspiration to one who believes in independent thought coupled with the energy to get things done.

THE DIARIES OF FRANZ KAFKA, 1914-1923. Edited by Max Brod. New York: Schocken Books, Inc., 1949. 343 pp.

Franz Kafka is an intrigue to the psychoanalyst. His writings have a disturbingly morbid, dreamlike, symbolic quality, and the analyst who reads them comes away with the feeling that they could have been written only by a 'sick' man. The Diaries confirm this feeling: they are not an account of events, but a record of anguish.

It is hard to catalogue the contents of this second volume of the Diaries. There are purely biographical items which are more often oblique references than clear descriptions of events. Many of the entries are snatches of ideas for stories, some of which were eventually used in finished works, but many of them are stray ideas the author seems to have jotted down as they came, without further development. Others sound like fantasies, but it is typical of Kafka that the reader often cannot tell whether a given entry is a fantasy recorded as such, an idea intended as the beginning of a story, or perhaps a fantasy in the process of becoming a story.

There are, finally, the many items which record Kafka's emotional agony. He tormented himself endlessly with misgivings about his worth as a man, his literary abilities, his future. He constantly reproached himself for the shortcomings he saw in himself. Periodically he became blocked and unable to write, and berated himself for this. He suffered from headaches and insomnia and had frankly hypochondriacal worries. His ruminations had a strongly masochistic flavoring which set the tone of much of the Diaries. It is worth quoting a few illustrations.

Have mercy on me, I am sinful in every nook and cranny of my being. But my gifts were not entirely contemptible; I had some small talents, squandered them, unadvised creature that I was, am now near my end just at a time when outwardly everything might at last turn out well for me. Don't thrust me in among the lost. I know it is my ridiculous love of self that speaks here, ridiculous whether looked at from a distance or close at hand; but, as I am alive, I also have life's love of self, and if life is not ridiculous its necessary manifestations can't be either.—Poor dialectic! If I am condemned, then I am not only condemned to die, but also condemned to struggle till I die. . . .

It is astounding how I have systematically destroyed myself in the course of the years, it was like a slowly widening breach in a dam, a purposeful action. The spirit that brought it about must now be celebrating triumphs; why doesn't it let me take part in them? But perhaps it hasn't yet achieved its purpose and can therefore think of nothing else.

With all this went a feeling of utter loneliness and alienation from the world and from his family, which he expressed repeatedly in varying ways.

But I must not forsake myself, I am entirely alone. . . .

A few evenings later I did actually join in, to the extent of keeping score for my mother. But it begot no intimacy, or whatever trace there was of it was smothered under weariness, boredom and regret for the wasted time. It would always have been thus. I have seldom, very seldom crossed this borderland between loneliness and fellowship, I have even been settled there longer than in loneliness itself. What a fine bustling place was Robinson Crusoe's island in comparison!

We know from the Kafka biography by Max Brod that the writer fought for years, mostly without success, to become independent of his family. The echoes of this struggle are heard in this volume. The years covered by this volume saw Kafka's romance with F reach the point of formal engagement in 1914, only to deteriorate and come to an end three years later. The Diaries tell a story of agonized vacillations in his relationship with this girl (actually it was largely a long-distance affair, with Kafka living in Prague and F in Berlin). He wanted marriage, he thought, yet could never bring himself to achieve it. He went through all the lengthy arguing with himself, obsessively making lists of pros and cons, that we are accustomed to see in men who have grave problems in their relations with women. As far as one can tell, he was never intimate with his fiancée. The few references to sex reveal a welter of longing, fear, guilt, and shame, and as far as one learns in this volume, he could not resolve his sexual conflict. From Brod's biography we know that after he had developed active tuberculosis he fell in love with a young Hebraist, Dora Dymant, and lived with her much of the last year of his life. He discontinued his diary before all this took place.

The failure of his 'affair' with F was a major event in Kafka's life, and it commands large sections of the diaries. Brod says he saw Kafka cry only once—the day after he broke finally with F. Brod tells us, also, that *The Trial* and *In the Penal Colony* were started during the last months of his tortured struggle over F and were completed the following year. The themes of guilt and expiation that are so prominent in these books undoubtedly flow from the conflict that went into the F episode.

Among the more fascinating entries in the Diaries are those in

which Kafka shows flashes of keen understanding of his inner workings, and of the relationship of his neurosis to his art.

Alone in my sister's apartment. It is lower down than my room; it is also in a side street, hence the neighbors' loud talking below, in front of their doors. Whistling too. Otherwise complete solitude. No longed-for wife to open the door. In one month I was to have been married. The saying hurts: You've made your bed, now lie in it. You find yourself painfully pushed against the wall, apprehensively lower your eyes to see whose hand it is that pushes you, and, with a new pain in which the old is forgotten, recognize your own contorted hand holding you with a strength it never had for good work. You raise your head, again feel the first pain, again lower your gaze; this up-and-down motion of your head goes on without pause.

What will be my fate as a writer is very simple. My talent for portraying my dreamlike inner life has thrust all other matters into the background; my life has dwindled dreadfully, nor will it cease to dwindle. Nothing else will ever satisfy me. But the strength I can muster for that portrayal is not to be counted upon; perhaps it has already vanished forever, perhaps it will come back to me again, although the circumstances of my life don't favor its return.

The Diaries present a picture of a depressed, miserable man, suffering from headaches and insomnia, struggling unsuccessfully to achieve emotional independence from his family, unable to establish a mature relationship with a woman, wracked with feelings of unworthiness and guilt, constantly in doubt as to his literary ability, and oppressed by a terrible sense of loneliness and alienation; and at the same time a man with a talent for putting into vivid literary form the rich play of his fantasy life. This picture is all the more striking in that it is completely at variance with the outward manner which Kafka is said to have presented to his contemporaries.

The dreamlike quality which is always pointed out in his writing seems to proceed directly from the dreamlike quality of his inner life, or perhaps, put otherwise, from the vividness and reality that his fantasy life had for him. Kafka was in close touch with his inner conflicts; what set him apart from the many tormented people in the same situation was his ability to portray the content of those conflicts in an artistic way. His greatness may lie in the degree to which he managed to record those inner struggles of his own that are universal in mankind. His books are more disturbing than those of other writers who, in effect, do the same thing, because his channels to the 'inside' are more direct and he portrays unconscious conflicts with less disguise.

To speculate further on the dynamics of Kafka's writings is beyond the scope of a review of the Diaries, especially since they are only a part of the material that such a speculation would have to take into account. Given their place in the mass of available data, they supply information peculiarly suited to any attempt at a psycho-analytic study of Kafka. Taken alone, they are on the whole fascinating, occasionally dull, and generally depressing. To this reviewer, reading the Diaries was perhaps more a clinical study than an æsthetic pleasure.

DAVID KAIRYS (NEW YORK)

KILLERS OF THE DREAM. By Lillian Smith. New York: W. W. Norton & Co., Inc., 1949. 256 pp.

Aiming neither at a personal history nor a sociological study, the author writes intimately of her life in the Deep South, about relations between whites and Negroes, and about what takes place in the mind of the white man under the conditions of racial relationship in the South. It is a psychological study in the best sense and the author uses the tool of dynamic psychology with unusual facility.

The Dreamers (Part I) is the child's-eye-view of the South: segregation, white supremacy cannot be reconciled with religious teachings; a basic conflict is established.

The White Man's Burden Is His Own Childhood (Part II) tells more about segregation: 'By the time we were five years old we had learned, without hearing the words, that masturbation is wrong and segregation is right. . . . Therefore, when we . . . crept over the race line . . . we felt the same dread fear of consequences, the same overwhelming guilt that was ours when we crept over the sex line and played with our own body . . .' (p. 78). Three Ghost Stories analyzes three traumatic relationships which occur frequently in the South. First, the slaveholders 'mated with these dark women whom they had dehumanized in their minds'. The more frequent the visits to back-yard cabins, 'the higher he raised his white wife on her pedestal [and] the less he enjoyed her' (p. 116). A 'terrifying complex of guilt, anxiety, sex jealousy, and loneliness' developed, characterized by fantasies of the white woman's infidelity with a Negro. Thus the Ku Klux Klan presents a return of the repressed in its ' . . . killings of a black male . . . who has "raped" a "sacred" white woman. It is a complete acting out of the white man's internal guilt and his hatred of colored man and white woman'

(p. 118). The second 'ghost story' describes the unrecognized and rejected children of these secret unions. The men involved feared 'the blending of races and . . . blocked their children's way . . . against what they considered an "irresistible sin". Out of their confusion came that obscene word *mongrelizing* and the sadistic phrase *enforced intimate relations*, both of which were only mirrors of their own shabby past' (p. 122). The third is a story of the dual relationship which so many white southerners have had with two mothers, one white and one colored, the one representing authority the other permissiveness. As he grows up his 'white' conscience splits his early love life into 'acceptable and unacceptable; . . . into "pure" and "impure"; . . . wife and prostitute; . . . right and wrong; . . . segregation and brotherhood' (p. 129).

As a consequence of this state of affairs, the women of the South were often influenced to turn against the men in their family, and 'committed as great evil at home as did their men in the name of Sacred Womanhood over in Colored Town' (p. 147). Many a man could not bear the retaliatory police state set up in his own home. The author suggests that '*Southern tradition, segregation, states' rights* have soaked up the fears' of the South, that 'arsenals of hate' lie behind these terms and that 'a loyalty covering a lack of mature love has glazed the words over with sanctity' (p. 152).

Part III deals with the isolation of the South from the varied cultural influences that have molded the other areas of our country, and with historical, economic, and sociological aspects of the picture: 'The great waste of talent and imagination and brains and integrity that resulted from our way of life has been the South's greatest loss' (p. 209). Part IV is a vigorous, inspiring statement of the credo of the democratic liberal; the shibboleths are unmasked and 'the dream' revealed.

This is a book of importance for psychoanalysts.

WILLIAM G. BARRETT (SAN FRANCISCO)

PERSONALITY MALADJUSTMENTS AND MENTAL HYGIENE. By J. E. Wallace Wallin. Second Edition. New York: McGraw-Hill Book Co., Inc., 1949. 581 pp.

Wallin, who since the beginning of this century has been engaged in the teaching of psychology, especially as it relates to education, presents the second and revised edition of his text first published in 1935. The material for this book was gathered primarily from

lectures on mental hygiene and personality maladjustment offered to lay and student audiences. For exemplification, the book is studded with excerpts from personality inventories requested of graduate students in education. This revised edition (enlarged by five chapters) ambitiously presents new sections on the atomic age, the psychology of dictators, the endocrine glands, projective techniques, etc.

In general, the book consists of a didactic presentation of what constitutes ideal mental health, the deviations from this, and their cause and cure according to the author's own views and concepts. There is an introduction consisting of six chapters, chiefly concerned with currently held concepts of mental hygiene and their ramifications in education and sociology. Included here also are some of the highly condensed (and of dubious value) 'new sections': two pages on projective techniques, one page on the atomic age, seven pages on a variety of endocrine disorders, and a page devoted to Hitler and Mussolini. The second part of the book consists of eleven chapters principally dealing with defense mechanisms. Though the last five chapters are supposedly devoted to psychoanalysis, the author, in his preface, apologizes for their inclusion and suggests that they can 'be omitted without serious damage to the earlier chapters'.

In this reviewer's opinion, the author strives to be a good 'middle-of-the-road' eclectic, but it is doubtful that any particular 'school' would want to claim him; for this dainty dish consists of the four and twenty blackbirds of will, behaviorism, conditioning, habit, constitution, psychobiology, unconscious motivation, etc., rolled into a rather indigestible pie. Almost reluctantly he acknowledges a debt to psychoanalysis, though he consistently devalues unconscious mechanisms and by his phraseology attempts to weaken psychoanalytic concepts through stressing the controversial issues and differences of opinion between some analysts, or by such wish-fulfilling devices as 'Even if the freudian concept of the unconscious be completely repudiated . . .' and by suggesting that treatment by psychoanalysis '. . . might entail injurious consequences through unfortunate conditioning'.

The well-informed reader will wince at some of his suggestions for guidance in sex education: 'Provide constant companionship with clean, high-minded persons of the opposite sex'. 'Direct the child's thoughts and imagination into healthy channels, for it is

the empty mind that becomes the "devil's workshop" in the field of sex adjustment.' 'Take care to withhold sexually stimulating foods, drinks, and narcotics (wine, condiments, and eggs). Supply correct information regarding the danger of venereal infection and the evils of excessive masturbation or excessive indulgence.' 'Implant . . . a proper realization of the sacred duty he owes to himself and to posterity to keep his body healthy, clean, and free from the type of pollution that will produce corruption, not only in his own organism, but possibly in his offspring.'

The author is at his best when discussing the importance of mental health and the contribution our teachers can make in a constructive mental hygiene program, though this alone cannot offset the weaknesses in the book.

ROGER C. HENDRICKS (SEATTLE)

SCHICKSALSANALYSE. Wahl in Liebe, Freundschaft, Beruf, Krankheit und Tod (Fate Analysis; Selection in Love, Friendship, Occupation, Illness, and Death). By L. Szondi, M.D. Basel: Benno Schwabe & Co., 1948. 422 pp.

EXPERIMENTELLE TRIEBDIAGNOSTIK. Textband. (Experimental Instinct Diagnosis. Instruction Volume.) By L. Szondi, M.D. Bern: Verlag Hans Huber, 1947. 308 pp.

SZONDI TEST. Experimentelle Triebdiagnostik. Testband. (Szondi Test. Experimental Instinct Diagnosis. Test Volume.) By L. Szondi, M.D. Bern: Verlag Hans Huber, 1947. 48 plates and scoring blanks, Forms A and B.

The Szondi Test has recently been added to the fast-growing number of projective techniques. It is named after its originator, the Hungarian psychiatrist, Dr. Lipot Szondi, who now lives in Switzerland.

The test consists of forty-eight photographs of faces of mental patients; these are divided into six sets, each of which contains the photographed face of a homosexual, a sadist, an epileptic, a hysteric, a catatonic schizophrenic, a paranoid schizophrenic, a manic-depressive depressive, and a manic-depressive manic. The back of each card contains a Roman numeral which stands for the series number, an Arabic numeral which identifies the rank number of the picture within the series, and an initial, which describes the specific type of mental disorder of the photographed mental patient.

Each series is laid out in front of the person to be tested in two rows of four pictures each. The test administration is comparatively simple because the subject is asked to pick out those two photographs which he likes best and also to designate those two which he dislikes most. The two best liked and the two most disliked are noted on a special profile sheet and the next series is presented until all six sets have been treated in this fashion. At the end of the session the subject will have made twenty-four choices. The twelve pictures liked most are recorded under the heading of sympathy and the twelve disliked are noted under the heading of antipathy. The twelve most liked cards are again laid out in front of the subject and now the subject has to select from these twelve those four pictures which he liked best. The same procedure is employed with the disliked series, so that eight final choices remain. A great number of choices in any one category, according to Szondi, indicates that the subject has strong similar needs and consequently identifies himself with this or that clinical group. Identification with a particular group, or a scattering through several groups, supposedly means that the individual's drives, needs, and tensions are pressing for discharge in these areas. So far the test procedure appears to be very simple. However, in order to obtain workable data for interpretation the test should be repeated ten times if possible, preferably with at least one day's interval between administrations.

What makes the selection of photographs a projective technique and how can diagnostic implications be derived from such selections? Szondi's two books attempt to develop an underlying rationale for this test. Szondi himself refers to his method as fate analysis, which he describes as the genealogy of the unconscious. He claims that his fate analysis is the bridge between depth psychology and genealogy, and as such may be regarded as a connecting link between Freud's system of psychoanalysis and Jung's analytical psychology.

According to Szondi, the unconscious consists of three layers, which, similar to geological formations, are of different ages. The personal unconscious is historically the youngest layer and represents those levels which, according to Freud, consist of repressed infantile, individual drives. This level is an outgrowth of the familial unconscious, which exists prior to the creation of the individual and consists of hereditary traits which continue to be dynamically active in the newly forming individual. The third and oldest

layer is the collective unconscious and as such represents the total phylogenetic inheritance of mankind in regard to perception, concept formation, and intuition.

Szondi is of the opinion that the life of every individual does not depend on environment, training, and opportunities, but that the fate of each person is sealed at the time of conception, because the distribution of positive as well as latent recessive genes in the personality determines whom this person selects for a love object, what kind of a profession or occupation he selects, whom he has for friends, what ideals he will follow, to which kind of illnesses he is susceptible, and what kind of death he will die. In other words, Szondi leans very heavily on the theories of Mendel, by attaching dynamic power to the genes. His book on fate analysis reviews the literature on heredity, which forms the matrix for his theory. According to his theory, all of our manifestations are conditioned by drives which are anchored in the genes. To him, the genetically smallest part of a drive is the drive tendency. Two drive tendencies form a drive factor. A drive vector is composed of two drive factors. Szondi speaks of four drive vectors, each of which contains two drive factors. The S-vector (sexual drive) is composed of the h-factor (homosexuality) and the s-factor (sadism). The h-factor indicates a desire toward tenderness, passivity, femininity, motherliness. The s-factor supposedly reveals a desire for aggression, sadism, activity, masculinity, and fatherliness.

The P-vector deals with paroxysmal drives. It contains the e-factor (epilepsy) and the hy-factor (hysteria). The e-factor is characterized by rage, hate, anger, revenge. The hy-factor is found in people who have a need to impress and to be exhibitionistic.

The Sch-vector consists of the ego drive and comprises the k- (catatonic) and the p- (paranoid) factors. The k-factor is characterized by ego inhibition or ego systole. Ego diastole or ego expansion is the characteristic of the p-factor.

The C-vector is called the contact drive and combines the d- (depressive) and the m- (manic) factors. The d-factor is characterized by a desire to amass objects and by anality, whereas the m-factor indicates orality, clinging to, and the securing of objects.

The greater part of Szondi's book on fate analysis is filled with case histories and family trees. Careful genealogical research in each case tries to prove that genotropism was responsible for selection of marriage partners, occupation, illness, and death.

The volume on Experimental Instinct Diagnosis deals primarily with methodology and specific psychodiagnostics to which are appended extensive psychodiagnostic tables.

Szondi's test is based on the assumption that constitutional hereditary factors play the dominant role in determining individual drives, needs, desires, and satisfactions. Even if one were to accept this first premise, one still would have to master the second hurdle, namely: 'are the distribution of genes and their respective drives expressed in the physiognomy of a person?'

What are the implications for diagnosis? If we are governed by fate, and if genotropism and recessive genes determine every part of our physical and psychic existence, how can we hope to change human behavior, and how can we attempt to re-educate people? Szondi, of course, would maintain that his diagnosis of drives would reveal danger areas in a person of which the subject should be made aware.

Szondi maintains (*Experimentelle Triebdiagnostik*, p. 211, ff.) that the definition of a specific drive category enables us to judge in which specific drive area an individual is most severely threatened. The drives and their strength are regarded as fluid and therefore subject to dynamic changes. Yet two pages further he states that in the need systems of every person two drives are in conflict with each other, which change in dominance and latency. These two drives are regarded as being antagonistic to each other, but also so fixed in their dual relationship to each other that the individual cannot escape these conflicts. Szondi compares the antagonistic conflict between two drives with a whirlpool which sucks in the individual and makes it impossible for him to get out even if one tries to help him. 'It is his own inherited fate of drives which forces him to remain throughout life, from birth to death, in this drive whirlpool, caused by antagonistic drives.' The only solution, according to Szondi, is attempts to socialize these innermost drives and to reach a higher ethical level. 'The socialization of these drive whirlpools is a very difficult task and it is therefore not a puzzle that so many drown in this attempt.'

The analyst as well as the psychologist will find rich documentation of human behavior in both volumes, although it is doubtful whether Szondi's comprehensive as well as dissecting nomenclature of human behavior will replace present psychiatric classifications. For instance various combinations of ego drives are described under

thirty-four different categories. The fact that the test has to be repeated at least six to ten times might stand in the way of promoting it into the ranks of widely used tests such as the Rorschach or the TAT.

The Szondi test is a comparatively new technique and studies for experimental validation have hardly begun. Fosberg,¹ in a carefully controlled experimental study of the sensitivity of the Szondi test in the Sexual and Paroxysmal vectors, found that Szondi's theory of decrease in selection of specific vector cards with discharge in tension in such areas is not substantiated. In due time more experimental studies of the Szondi test will be available, and only time will tell whether this projective technique will fulfil the claims which have been made for it by its author. The Rorschach test was similarly regarded when it was first introduced. Years of intensive research have proven that the ink blots really are a valuable, reliable diagnostic tool. The present position of the Szondi test in regard to clinical validity is perhaps best expressed by paraphrasing Schiller's judgment about General Wallenstein, the Imperial warlord of the Thirty Years' War: 'Distorted by the parties' reverence and hate, its value oscillates between acceptance and rejection'.

ADOLF G. WOLTMANN (NEW YORK)

MAN'S PLACE IN GOD'S WORLD. A Psychiatrist's Evaluation. By Sol W. Ginsburg, M. D. Cincinnati: Hebrew Union College, Jewish Institute of Religion, 1948. 30 pp.

In evaluating this brief essay one must bear in mind the occasion for which it was prepared, namely, a joint conference of clergymen, psychiatrists and social workers. Dr. Ginsburg, it would seem, was restricted by the proprieties which such joint endeavors demand. As a result, the main ideas which he advances—that there need be no conflict between religion and psychiatry because both have certain goals in common and that childhood religious observances may facilitate desirable identifications—may seem superficial and unconvincing to the psychoanalyst who seeks a deeper understanding of the dynamic interplay between religion and psychology. By generalizing in terms of 'the religious attitude' instead of discussing

¹ The American Psychologist, V, 1950, p. 326.

the different problems raised by specific religions, the author manages to evade several sources of conflict such as the question of religious dogma, theology, sin and ritual.

Dr. Ginsburg points out quite clearly an error of bias to which analysts often fall victim when he writes, 'Having satisfied himself that religion was "the universal, obsessional neurosis of humanity", Freud held it to be the same handicap to the individual as any neurotic conflict'. Many analysts would differ, however, with the author's attempt to minimize the role of archaic thinking and of fear in the observance of ritual.

The mutual interaction of psychiatry and religion is a subject of increasing popular interest. In a short presentation of this kind the treatment accorded this problem is necessarily incomplete.

JACOB A. ARLOW (NEW YORK)

MEANING AND CONTENT OF SEXUAL PERVERSIONS. A Daseinsanalytic Approach to the Psychopathology of the Phenomenon of Love.

By M. Boss, M. D. New York: Grune & Stratton, 1949. 153 pp.

This is the English translation of the original German edition which was reviewed so masterfully in detail by Bettina Warburg in this *QUARTERLY*, Volume XVII, 1948, pp. 105-107. This translation will be of value to any analyst interested in continental existentialism. The translation (by Liese Lewis Abell, Ph.D.) is excellent and overcomes most of the enormous difficulties inherent in the stylistic peculiarities of German philosophers.

MARTIN GROTHJAHN (LOS ANGELES)

MIRROR FOR MAN. The Relationship of Anthropology to Modern Life. By Clyde Kluckhohn. New York-Toronto: Whittlesey House, 1949. 313 pp.

Dr. Kluckhohn, professor of anthropology at Harvard University, has written this book to show the nonspecialist what anthropology can contribute to man's understanding of the world of today. The book won him the first prize in a contest for scientific books for the layman. It is an excellent introduction to anthropology, offering a good survey of its history, its various branches and its present status. Chapters on customs, potsherds, skulls, etc. are its building material. Culture is defined as that part of the environment that is

the creation of man; culture channels biological processes, and is in itself determined by them. 'Culture determinism is as one-sided as biological determinism.' The basic attitudes in different cultures are taken so for granted by the members of each culture, that no one is aware of them; to see the varieties of possible concepts and attitudes and to become aware of one's own is the main value that anthropology has for the nonspecialist. The knowledge of the relativity of what is 'normal' should bring some detachment and make for tolerance. The anthropological approach teaches us to avoid onesidedness; the development of cultures is due to multiple causes, in which race, climate, economics, ideas, or even historical accidents coöperate. That most specific needs can be satisfied in a variety of ways leaves a choice between alternatives, conditioned by historical or other factors. Established forms may limit the possible subsequent variations of a culture. In discussing race, the author avoids the pitfalls of prejudice. A chapter is devoted to the significance of language in the diversity of values and the development of differences; here, not literal, but 'cultural' translations are also often necessary.

The individual in a society can only gratify his biological needs and adapt to the physical and human environment within the pattern and alternatives that the particular culture puts at his disposal; each culture offers only a limited chance for psychological solutions. These adjustments of personal needs to environmental needs, satisfying to the individual and at the same time acceptable to others, create a certain common pattern, something that may be called 'national character'.

In the chapter about the United States, of special interest to the analyst is the conclusion that the expectancies which are generated by our cultural ideology in the growing child are notably unrealistic—disappointment and frustration being the inevitable consequences.

Dr. Kluckhohn concludes his book on a note of guarded optimism. Anthropology, which studies the biological and cultural limits of man, shows also his plasticity as the most adaptable of animals, Professor Hooton's assertion—that man is only a made-over animal with all the implications of such imperfect patchwork—to the contrary notwithstanding.

Although some statements may be questioned from the psycho-analytic viewpoint, on the whole Dr. Kluckhohn makes use of basic analytic concepts. This book, written by a scholar trained in

anthropological field work, can be well recommended to the analyst who, accustomed to investigating the numerous details of individual development, will have his perspective broadened.

HENRY LOWENFELD (NEW YORK)

SOCIAL WORK AS HUMAN RELATIONS. Anniversary Papers of the New York School of Social Work and the Community Service Society of New York. New York: Columbia University Press, 1949. 288 pp.

THE FAMILY IN A DEMOCRATIC SOCIETY. Anniversary Papers of the Community Service Society of New York. New York: Columbia University Press, 1949. 287 pp.

These volumes are collections of papers presented at a symposium commemorating the hundredth anniversary of the Community Service Society of New York and the fiftieth anniversary of the New York School of Social Work. 'The purpose was not so much to review the past as to look ahead' (p. v, foreword), and the papers are published 'to bring to a broad public a clearer concept of the place of social welfare in tomorrow's world' (foreword). The papers present the views of their individual authors, among whom are Dr. James B. Conant, Dr. Brock Chisholm, Sir Raphael Cilebto, M. D. and Dr. Irwin Edman.

The books are delightfully free of trade jargon, and this happy absence makes them useful to the general public. They might well be on the shelves of community and civic leaders. New knowledge in the social sciences is highlighted and a fine view is given of the basic material from which social work draws its methods and techniques.

ELISABETH BROCKETT BECH (CEDAR GROVE, N. J.)

STUDIES IN HUMAN BEHAVIOR. By Merle Lawrence. Princeton: Princeton University Press, 1949. 184 pp.

This book is a laboratory manual in general psychology organized, according to the author, to stress some of the basic principles of individual and group behavior with emphasis on perception. The first part, experiments 1 through 7, is classical in nature and scope and concerned with the perceptual characteristics of hearing and seeing. From the very beginning, however, the influence of gestalt

psychology is everywhere in evidence as well as the present-day tendency to realize the importance of the inner world of man, and that meaningfulness is an individual affair in terms of past experience '... which in early life relates directly to sensory impressions, the satisfaction of needs or the stirring of emotions'. It is extremely difficult to choose and arrange experiments that demonstrate this concept as well as problems in the nature of thought, reasoning, concept formation, and the effect of social environment. The author has succeeded reasonably well in doing this, partly due to the ingenious nature of the experiments and in part due to simplicity of approach and clarity in style. Part II, experiments 8 through 12, deals with the source, stimuli, and function of perception and the ambiguity of cues. Experiment 10 is an excellent demonstration of how perceptions are inner experiences based on 'statistical averages built up from past perceptions', which is true only if we bear in mind that past experiences are evaluated according to their affective complement. A commendable stress is placed on the fact that 'knowledge helps to guide our actions accurately only in so far as we can make functional use of it'. Experiment 12 is a delightful demonstration of the development of a sensation of unreality with feelings of lack of surety resulting from conflict. Part III deals with perceptual factors in social relations and consists of five experiments demonstrating the effect of relationships with people on perceptions, i.e., the influence prior experience with people plays in governing interpretations of daily life situations, and the development of group norms and frames of reference by which new situations are judged. This is done through the study of autokinetic movements of uninfluenced individuals compared with those who have compared their work with other individuals. The study of the evaluation of attitudes suffers from the usual weaknesses of this type of approach inasmuch as there is no differentiation between attitudes which are superficial and a reaction-formation, and those which are arrived at after mature deliberation and judgment. Part IV is concerned with the process of learning and how learning, which expresses itself in the form of conscious knowledge, is apparently of no immediate service until digested and worked through. It is accompanied by an excellent discussion on how learning processes need never reach a conscious level, and the nature of intuition. Experiment 19 is an excellent one for acquainting students with the process which, in psychoanalysis, is called 'working

through' and how the development of insight is related to problems which have been solved below the level of conscious awareness. The fifth and last part consists of three experiments about ways in which an individual differs from another in mechanical aptitude, intelligence, vocational preference, and personality traits. These are of no particular originality.

To be fair, a review should point out the weaknesses as well as the strengths of a book. Some psychologists have felt that many of the experiments listed were somewhat on the esoteric side and that the type of apparatus demanded was too expensive to be practical for use in particularly the smaller colleges. The reviewer, however, does not share this opinion and strongly agrees with the author, i.e., in order correctly to fulfill its purpose, a laboratory has to get out of the 'cardboard and paper clip' stage. All in all the methods and subject matter of this course have been very successfully unified and, for its purpose, this book is highly recommended.

WILLIAM F. MURPHY (CAMBRIDGE, MASS.)

LA CRISE DE POSSESSION DANS LE VAUDOU (The State of Possession in Voodoo). By Louis Mars, M.D. Port-au-Prince, Haiti: Imprimerie de l'Etat, 1946. 103 pp.

LA LUTTE CONTRE LA FOLIE (The Fight Against Insanity). By Louis Mars, M.D. Port-au-Prince, Haiti: Imprimerie de l'Etat, 1947. 133 pp.

These two books were written by Dr. Louis Mars, who enjoys a two-fold distinction. In his own right, he is Professor of Psychiatry at the University of Port-au-Prince and a member of the Ethnology Institute of Haiti. Before settling down to practice on this island, he did extensive graduate work in France and in the United States. He also is the son of a very distinguished father, Dr. Price Mars, also a physician, senator, ambassador, and Haitian delegate to the United Nations. Both father and son have contributed greatly to better social, ethnological, and medical knowledge in the Haitian Republic.

Many ethnological, philosophic, and medical treatises have been published on voodoo. Dr. Mars's book seems to be the first attempt to study these phenomena from a psychiatric point of view. He describes psychiatric observations of people possessed by voodoo as

follows: (a) the appearance or break-through of a new personality in which the possessed person identifies with one of the various pantheistic voodoo deities; (b) noticeable changes of the voice and the appearance of facial distortions; (c) motor excitement as evidenced by erratic dancing steps, and falling to the ground in catalepticlike contortions; (d) the possessed person begins to mumble senseless and jumbled words and phrases; (e) a general insensitivity to external factors, especially to heat; (f) complete amnesia for the previous state of being possessed. Dr. Mars cites numerous cases, which were examined by him, his father, and Dr. J. C. Dorsainvil, and comes to the conclusion that the psychiatric manifestations observed bear close resemblances to hysteria and to schizophrenia.

Dr. Mars's second book may come as a surprise to many of our readers because what seems to be so terribly important and urgent to him is common knowledge in our culture. His book is at once a cry for help and also an attempt to enlighten his own culture about common psychiatric diseases and about the help which psychiatry can provide. He especially points out that Haiti is badly in need of court psychiatrists for both adult and juvenile offenders. He strongly argues for the establishment of mental hygiene clinics and psychiatric hospitals, for Haiti still maintains a shameful ignorance about problems and cures of mental diseases.

One might mention in this respect that publishing a book in Haiti is not an easy matter. Since there are no publishers, every writer has to pay for the publication of his books.

The book on the Fight Against Insanity, in the opinion of this reviewer, constitutes a daring attempt to enlighten a culture ignorant of these manifestations. It does not contain anything new for our American culture. His book on the voodoo, on the other hand, should enjoy a wider circulation because it contains rich source material from both a psychiatric and ethnological point of view.

ADOLF G. WOLTMANN (NEW YORK)

FILM REVIEW

'ACTIVITY GROUP THERAPY'. Produced by the Jewish Board of Guardians. Released by Columbia University Educational Films.

Dr. Slavson has produced an unusually well-integrated film on group therapy. He has carefully selected his scenes so that the audience can obtain a general view of the major procedures in this form of treatment.

To gain immediate audience response, the film opens with a newborn infant; then a young child is shown looking very bewildered amidst crowds on the street, followed by close-ups of street scenes showing boys with various behavior difficulties. After this statement of the problem of behavior disorders and delinquency, the film portrays the constructive and friendly procedure of an agency, starting with the admission of patients, followed by staff conferences at the Jewish Board of Guardians, and then group therapy. The close-ups of individual boys present vividly the facial expressions, postural attitudes, and social behavior of several boys, but of three in particular. The changes in these boys over sixty-five weeks are clearly demonstrated.

Especially vivid for teaching purposes is the portrayal of Henry, an infantile boy, who has anxiety in all his personal relationships. At the onset of treatment, his withdrawal from the other children, playing with his lip, his lack of verbalization reveal his oral character. The portrayal of the other children is equally well done, but they exhibit less overt pathology. This has a definite advantage, for it illustrates that many children can have deep intrapsychic conflicts without too much overt gross pathology in facial expressions and behavior. The six sequences of group therapy, chosen from sixty-five, give convincing evidence of the changes in the total behavior of the group, as well as in the individual children.

According to Dr. Slavson's method, as shown in the film, the psychotherapist remains permissive as far as possible. He does not converse with the children unless approached. He is not acquainted with the personal problems of individual children, except as revealed by their behavior in the group and the reports of the social workers who treat with the parents. No interpre-

tations are made. At the weekly conferences with Dr. Slavson, reports of the group are studied. Running comments are made in the film, such as 'this child's ego is stronger', or 'that child is less effeminate'. Why these changes occur is not made clear. Understanding the dynamics of the change of behavior seems to rest on the interpretations of the observers, which are substantiated by the changes in the child's attitudes. It is not clear why any permissive group leader would not succeed as a therapist; yet, as is well known from Dr. Slavson's writings, he trains his leaders intensively in his method. Also, it is not clear how order and coöperation emerge in the group after aggression is released to such an extent that all the property in the room for therapy is damaged.

It must be remembered no one film can cover all aspects of such a complex subject as therapy. This one is sensitively done, both in regard to the use of photography, and human insight into adolescent behavior and needs. It is to be hoped, therefore, that Dr. Slavson and his able colleagues will produce another film, maybe using the same boys and scenes, but writing another scenario and editing the material in another way, to illustrate more explicitly the dynamics of the therapy.

This film is distributed by the Columbia University Educational Films, which is a part of the Communication Materials Center of Columbia University Press. This center distributes films such as Dr. Slavson's and helps the producer to become more aware of the needs of the audience. Dr. Slavson is now writing a short guide to accompany his film. It is anticipated that the guide will give some of the details in regard to technique that are not portrayed in the film.

MARGARET E. FRIES (NEW YORK)

ABSTRACTS

International Journal of Psychoanalysis. XXIX, 1948.

Some Embryological, Neurological, Psychiatric and Psychoanalytic Implications of the Body Scheme. W. Clifford M. Scott. Pp. 141-155.

This is the first of several promised papers on the body scheme. One of Scott's noteworthy conclusions is that more progress will be made by psychoanalysts if the division between the psychic ego and the body ego is viewed as symptomatic—as a symptom of splitting which may not necessarily be ego-syntonic. He begins his thesis by an attempt to define body scheme as an integration, conscious and unconscious, of sensations, perceptions, conceptions, affects, memories and images of the body with content which spreads from a surface boundary outwards to the limits of space and time.

Researches in embryology by Gesell and Coghill on postural reactions, respiration, and integration of muscular behavior in the fetus are quoted to show the importance of antecedent postural responses for thought and awareness. Some scattered papers from the literature are the neurological accretions to the thesis, with the notable omission of K. Goldstein's and M. B. Bender's recent researches. The psychological papers mentioned do not take cognizance of the importance of the field theorists in relation to body scheme. Likewise, E. H. Erikson's concepts of ego development, so important to the psychoanalytic theory of this thesis, are not mentioned.

In spite of these omissions the paper is stimulating, especially Scott's ideas about problems in parapsychology. "To me these problems are similar to those found in some patients who have had a period of Jungian analysis. Content which becomes conscious in such patients and is related by them to the collective unconscious may be used both 1, to link themselves to the body scheme of other people—especially to the unconscious body scheme of other people, and 2, to link themselves directly to ancestors."

NORMAN REIDER

On Neurotic Disorders of Sensibility and Body Scheme. Joachim Flescher. Pp. 156-162.

In this paper Flescher discusses a number of conditions in the sensory area, especially pain and the absence of pain, and how they relate to the body scheme. Phenomena such as phantom limb and anosognosia have interested neurologists as well as psychiatrists for many years. Flescher makes an important contribution to this rather controversial field. He assumes a common biologically determined denominator to explain painfulness, anesthesia, and mutilations of the body scheme—the instinct of self-preservation, derived from both basic instincts, the erotic and the aggressive. Confronted with instinctual danger, the ego sacrifices parts of itself by withdrawing cathexes. The dynamic source for this self-defense is the aggressive instinct. He correlates fear (anxiety) in the psychic field with pain in the somatic field. Pain is an expression of an (uncon-

sciously hallucinated) separation of part of the body; anxiety is an attempt to block aggression in the psychic sphere. Similarly he interprets repression as a primitive biological reaction, a separation of a part of the psyche in the face of danger.

Flescher states that his views are contrary to generally accepted concepts, such as that neurotic pain is due to masochistic satisfaction. Perhaps his views are not so much in contrast to the concept of masochism as an attempt to explain it—which would make his contribution even more valuable.

MARCEL HEIMAN

On the Psychoanalytic Training System. Michael Balint. Pp. 163-173.

In this challenging and thought-provoking paper, Balint discusses some of the important problems of analytic training. He raises the question why so few papers on the problems of training have been published, and he suggests a few factors which have led to inhibition of thinking in this respect. He further claims that there is a tendency in our training system to be dogmatic. He tries to prove this by giving two concrete examples, namely, the attitudes toward the duration of the training analysis and toward control analysis. He further gives a comprehensive history of the training system which can be summarized best in the author's own words:

'Thus one can discriminate three periods which are identical in the exoteric and in the esoteric history of the training. The first period of training was characterized by the lack of any visible organization. . . . This led to several secessions. In the second period psychoanalysis created an efficient system of training and a strong organization to enforce its standards. In the esoteric sense it meant the establishment of a strong paternal authority "to instruct and to admonish" and a firm pressure on the candidate. . . . By creating unnecessary tensions between the generations, this period led to recurring strifes and resulted in the complete breakdown of any central authority and in the establishing of local . . . standards, ideals, and controls.

'We start the third period having several claimants to loyalties in sharp competition one with another. This has led inevitably to a narcissistic overvaluation of small differences which in its turn blurred the real proportions by minimizing . . . the essential agreements' (p. 170).

Balint suggests 'a new orientation of our training system which must aim less at establishing a new and firm superego but more at enabling the candidate to free himself and to build up a strong ego which shall be both critical and liberal at the same time'.

Most of the author's experiences as reported by him were obtained in Europe. For the American reader it may be particularly interesting to notice his report of Sandor Rado's earlier relationship to the International Training Committee and the change of mind which took place shortly after his arrival in this country. Balint adds an appendix in which he discusses the training rules of seven recognized American training institutes.

KURT R. EISSLER

The Death of Hamlet's Father. Ernest Jones. Pp. 174-176.

In this short paper Jones compares Claudius' story of the elder Hamlet's death with the ghost's version, and finds them basically alike. The introduction of the serpent as poison carrier contributes erotic components to the assault. Referring to some of his own earlier findings, Jones reminds us that the ear is an unconscious equivalent of the anus. He therefore calls Claudius' attack on his brother both a murderous aggression and a homosexual assault.

As the younger Hamlet unconsciously identifies himself with Claudius, and as we know of his conscious adoring and submissive attitude toward his father, the vexing question of the relation between active and passive homosexuality is raised.

Jones, relying on his analytic experience, feels impelled to the following reconstruction of homosexual development: both narcissism and a feminine attitude toward the father present themselves as attempted solutions of the intolerable murderous and castrating impulses aroused by jealousy. These may persist and reassert themselves later under the erotic guise of active homosexuality.

'According to Freud Hamlet was inhibited ultimately by his repressed hatred of his father. We have to add to this the homosexual aspect of his attitude, so that Love and Hate, as so often, both play their part.'

MARTIN WANGH

Clinical Manifestations of Aggression and Their Role in Psychoanalytic Treatment. S. Nacht. Pp. 201-223.

In colorful prose, Nacht resumes his interest in aggression and masochism. The middle section of this three-part paper is entitled Clinical Survey and is by far the best—full of relevant facts taken from the author's cases, with vivid data about the pertinent background so that the clinical picture is clear in each instance. The first section deals with various theoretical views on the subject of aggression, which Nacht simplifies in order to emphasize the importance of his own. The fault in this emphasis becomes apparent when he expands his own theoretical views into clinical concepts: structural and dynamic formulations become mingled, the importance of narcissism is overlooked, and the specificity of cause and effect becomes blurred—at least in contrast to the clarity of the clinical material. The final section, entitled Therapeutic and Preventive Aspects, is again excellent in its presentation of clinical data, but is weakened by truisms about the training of mothers for motherhood. The translator clearly shares Nacht's enthusiasm which makes for exceedingly pleasant reading.

EDWARD E. HARKAVY

Inferences From the Dream Screen. Bertram D. Lewin. Pp. 224-231.

In this paper Lewin follows up thoughts he had originally presented in 1946. He first recapitulates the idea that the dream screen 'represents the wish to sleep in a pure state'. He then takes up the connection between the dream

screen and the act of forgetting the dream, showing the oral elements involved. He suggests that the resistance of the patient expressed in forgetting dreams can be reduced by interpreting the oral nature of the forgetting. Lewin brings several examples of his own and the experience of others to show how the wish to forget a dream may become part of the content of the dream. He also indicates how other formal elements of the dream, such as remembering it and inflating the manifest dream text are closely tied up with the gratification of oral wishes. Most interesting is Lewin's attempt to explain the visual representation of the dream: according to him it expresses a general wish to be awake.

MARCEL HEIMAN

On the Mechanisms of Spacing and Crowding Emotions. Otto E. Spurling. Pp. 232-235.

A defense mechanism is described in which excessive emotional excitement is avoided by dividing it into tolerable doses. The overwhelming affect is discharged piecemeal; it is experienced partially at different times or distributed among different objects. It is spaced. The crowding of emotions is described as a way of intensifying them or of proving one's ability to withstand them. Clear clinical examples of both are given. The two mechanisms may co-exist normally as part of the ego's attempt to regulate and manage emotions.

LEON L. ALTMAN

Authoritarianism and Intolerance. James Clark Moloney. Pp. 236-239.

This is a highly condensed presentation, full of ideas, where clinical data are confronted with significant ethnological observations made by Moloney during his war service in Okinawa.

In our civilization the so-called 'significant' parent usually abuses his authority. As a reaction children develop neurotic symptoms, behavior disorders, and character trends toward either opposition or conformism. Reactions range between overt criminality and passive submissiveness.

Due to social stratification and various minority situations, every group and every individual can gratify both components of their sado-masochistic strivings. 'Like the anxiety-sparing technique of acting out, the individual can become the oppressor as well as the oppressed, the king as well as the slave. . . . This external duality provides a paranoidlike outlet for the internal conflict emanating from the authoritarian-submissee dichotomy that goes into the formation of the king-slave complex.'

The compliant individual feels threatened by persons and groups different from himself or his group—hence his intolerance. 'Those who differ are a painful reminder to that part of himself that once had the courage to take issue with the authoritarian parent.' Crusades and bloody wars, political persecutions, and racial hatred are but derivatives of an infantile relationship to parental authority.

Observations made on Okinawan children convinced Moloney that, with permissive upbringing, a culture can develop free from sibling rivalry and

group hatred. 'The genuinely loved child develops confidence in his parents and healthy relatedness to other individuals.'

World peace can be achieved only through a systematic development of international mental health. This can be built through the 'universal application of unconditional love and support to the preconscious child'.

GUSTAV BYCHOWSKI

On Szondi's 'Schicksalsanalyse' and 'Triebdiagnostik'. Michael Balint. Pp. 240-249.

Balint discusses Szondi's theory that recessive genes are the determining factor in a person's choice of lovers, friends, enemies, etc., comparing it to the psychoanalytic viewpoint and concluding that both explanations—that of biological influences and psychological influences—are probably valid and not mutually exclusive. 'Fate analysis', i.e., the effects on the lives of individuals of the biologically repressed, recessive genes through explorations of family trees, is the outcome of this theory. Examples are given from Szondi's book. The second step taken by Szondi and discussed by Balint is that of diagnosis. Here he does not use the family history to trace and identify the recessive genes but, in a way, exposes them directly and measures their influence quantitatively through the reactions of persons to sets of pictures of patients belonging to one of eight categories of mental illness. How the test is administered and how one arrives at the resultant profile is described along with some discussion of interpretation and the problem of frequency of choice among the pictures by different groups of subjects. The conclusion deals with ways in which the test may be used: diagnostically and as an aid to therapists in making manifest hidden defenses or approaching danger situations in the course of analysis. Personal experience with the Szondi Test has demonstrated to Balint its extreme usefulness as a source of crucial information about patients. In his opinion it is an important new method for the study of the human mind.

JO COUDERT

Psychoanalytic Review. XXXVI, 1949.

Towards the Improvement of Psychoanalytic Research. Albert Ellis. Pp. 123-144.

Ellis has set out to scrutinize contemporary psychoanalytic literature for the purpose of evaluating its compliance with standards of scientific research. He chose the issues of *The Psychoanalytic Quarterly*, *The Psychoanalytic Review*, *The American Imago*, and *The Psychiatric Quarterly*, of the first half of 1947. According to Ellis, the common pitfalls of psychoanalytic research are: dogmatic assertion, overpositivism, generalization from few cases, assuming a hypothesized point as proven, far-fetched interpretation, biased presentation of facts, use of faulty statistical procedures, and the (traditionally familiar) overemphasis on sexualization. However not all is lost! Some commendable approaches are recognized. Among these are: the application of the experimental approach (Rosen: *The Treatment of Schizophrenia*), the raising of exploratory

hypotheses (Greenacre: Vision, Headache and the Halo), the avoidance of overgeneralization (Greenon: On Gambling), and self-criticism (Edward Bibring on the English School). The article closes with the suggestion that psychoanalysts be trained in the principles and practice of scientific, objective, and experimental research, and strive 'to satisfy that portion of their superego which may be deemed the scientific conscience'.

CAREL VAN DER HEIDE

Psychiatric Quarterly. XXIII, 1949.

Quest for 'Psychics' and 'Psychical' Phenomena in Psychiatric Studies of Personality. Jan Ehrenwald. Pp. 236-247.

The author of *Telepathy and Medical Psychology* introduces a Psi questionnaire to be used in research or for psychiatric interviews of two 'psychic' personality types. These 'psychic' personality types are persons who claim in good faith to be prone to recurrent telepathic, precognitive, or clairvoyant experiences and who fall into one of two classes: 1. The 'percipients' who usually claim to possess peculiar intuitive gifts, to have unfailing 'hunches', and a particular flair for judging people. They are susceptible to telepathic experiences on the receiving end. 2. The 'agents' who are people who act on the spur of the moment, are sure of what they want to do, and are able to do so without doubt or scruple. They are outgoing, aggressive, good mixers, and apt to act as leaders. They may claim to influence people's minds.

The degree of psychopathology in which these claimed phenomena occur obviously extends to the frankly psychotic. Ehrenwald claims that the agent type occurs among many successful psychotherapists. He warns that emotionally charged therapeutic expectations and wishes 'get through' to the patient only when they have first been curbed by an attitude of self-restraint and self-denial springing from the realization that complete passivity may yield better results than action.

Pseudoneurotic Forms of Schizophrenia. Paul Hoch and Philip Polatin. Pp. 248-276.

Hoch and Polatin discuss a group of 'borderline' patients, who show a clinical symptomatology considered psychoneurotic (they believe) by many psychiatrists. These patients do not deteriorate, have no delusions or hallucinations. They show in a more subtle form than in frank schizophrenia an autistic and dereistic approach to life and a widespread diffuse ambivalence. Many have short psychotic episodes or later become frankly schizophrenic. The suggestion is made that these patients be given a new classification, 'pseudoneurotic forms of schizophrenia'. One feels that the patients described do not fall into a uniform group and, since they are already commonly called borderline schizophrenics, early schizophrenics, schizoid personalities, etc., another classification would only further confuse the prevailing nosological nihilism.

The Physiology of Hypnosis. Part II. A Review of the Literature. Bernard E. Gorton. Pp. 457-485.

This is part two of a review of the pertinent literature covering the past twenty-five years on the physiology of the GI system, kidney function, and muscular and reflex activities during hypnosis. It also includes the pharmacological aspects of hypnosis, hypnotic anesthesia, hypnosis in psychosomatic research, physiological changes associated with hypnotic age regression, and a bibliography. Part one appeared in the previous issue of *The Psychiatric Quarterly*, and covered the introduction, theories and methodological problems, the electroencephalogram, metabolism, respiration, circulation, vasomotor activity, and hematological changes during hypnosis.

This is an important review for the individual interested in psychosomatic relationships. The extraordinary effect of the psyche on the soma is well emphasized. It is Gorton's hope that the paper may act as a stimulus for additional psychosomatic research through the medium of hypnosis.

Hypnotic suggestion is capable of bringing about physiological changes which differ significantly both quantitatively and qualitatively from those produced by means of suggestion in the waking state. We know nothing about the basic mechanisms involved in the process of hypnosis. The paper lends credence to the supposition that in psychosomatic illness the organ response is more likely to be due to suggestion on an unconscious level with the effect of a hypnotic suggestion than to some peculiar organ compliance or weakness.

From the Autobiography of a Liar: Toward the Clarification of the Problem of Psychopathic States. Part II. Ben Karpman. Pp. 497-521.

This study of a psychopath is based on personal interviews, the patient's written narrative, and reports from his case file at St. Elizabeth's Hospital. Their value is much diminished because at least fifty percent of the statements are presumed to be false. The study is valuable because of the scarcity of material on such a typical case. Even Karl Abraham's 'History of an Impostor' was based on anamnestic rather than psychoanalytic material.

The patient was a forty-three-year-old white male, serving a life sentence for murder. The evidence discerned through the tissue of his lies favors the following history. He was brought up and lived in poverty and squalor. His father was very cruel, jealous, and alcoholic. In every respect the environment was rejecting, cruel, indifferent, and without opportunity for healthy identification. His later life runs the entire gamut of crime and perversity without evidence of guilt or social feelings. He reacts to real fear but his impulsiveness, weak ego control, and poor evaluation of reality handicap him. Occasionally there are moments when a glimmer of social awareness and a desire to be different and socially acceptable appear. Karpman places him diagnostically in the group of idiopathic psychopaths (anethopaths) of the aggressive, predatory type. The diagnosis puts the emphasis on the constitutional and hereditary factors. This is difficult to understand in view of the history. The author comments that for all the punishment meted out, the patient has remained, in the manner

of the true psychopath, unteachable and incurable, and his behavior is unmodifiable.

One wonders whether punishment constitutes the best therapy. There is little evidence that much of anything else was tried.

JOSEPH BIERNOFF

Bulletin of the Menninger Clinic. XIV, 1950.

The Relationship of Clinical Psychology and Psychiatry. William C. Menninger. Pp. 1-21.

Psychiatry and clinical psychology have many common problems. Working in both fields are a number of individuals without adequate training or qualifications. Both are comparatively recent off-shoots of older professions and both have made enormous gains in knowledge within the last few years. Clinical psychology has made its major contribution to the practice of clinical psychiatry in the development and application of various personality tests. The author states that in order to do competent psychotherapy the clinical psychologist must develop an adequate training program and be adequately supervised. He is convinced that the clinical psychologist and the psychiatrist can make indispensable contributions to each other's fields but both have much to learn from and about each other.

Report of an Experiment in Psychiatric Aide Training. Tirzah M. Morgan and Bernard H. Hall. Pp. 27-32.

An organized series of eleven lectures covering the basic principles of psychiatry was given the psychiatric aides at the Winter Veterans Administration Hospital which brought about an increased interest in psychiatry but little or no noticeable improvement in the personal relationship of the aides to their patients. This was found to be due to the lack of intimate discussion groups in which the aide could be given more simple and direct insight correlating theory with practice.

Eighth Annual Meeting. No. 2, March, 1950.

This entire issue of the Bulletin is devoted to the theme of the role of the family in mental health. Perhaps the most outstanding contributor is the Governor of Minnesota, Luther W. Youngdahl, whose *The Challenging New Frontier in Mental Health* demonstrates how an enlightened governor and an aroused citizenry can change the antiquated state hospital system into a more modern working unit. William C. Menninger's *How Community Forces Affect the Family* describes how factors such as the form of government, the type of leadership, the prevailing legal customs, etc., influence the structure of the family. Karl Menninger's *The Anatomy and Physiology of the Personality* outlines some of the factors of formative importance in the interrelationship between the personality structure of the child and the cultural factors trans-

mitted through the agency of the family. Included are the following papers: Lillian Gilbreth: The Family as a Basic Unit in Community Strength; and O. Spurgeon English: How Family Forces Affect the Individual.

RALPH R. GREENSON

Psychiatry. XII, 1949.

Existentialism and Its Relations to Psychotherapy. Edith Weigert. Pp. 399-412.

In this outstanding paper Edith Weigert relates Central European philosophy, as represented by the existentialism of the psychiatrists and philosophers Karl Jaspers and Ludwig Binswanger, to modern psychiatry as represented by Freud's psychoanalysis and the psychiatric system of Harry Stack Sullivan. This paper is the result of an intensive study of an enormous field, and is of interest to the philosopher, the psychoanalyst, and the historian. Among other things, it opens the way for an understanding of how psychoanalysis originated in a European environment but eventually succeeded in the atmosphere of America.

We cannot understand thought processes if we do not first understand human existence. Existentialism strives for a pre- or extra-scientific grasp of naïve, spontaneous experience (*Erlebnis*). Existence is defined as 'Being-in-the-world'. Being-in-the-world is limited in time and has a beginning and an end. It is existence toward death. It is always existence with others; existence without relatedness to someone or something is, in terms of Binswanger, 'Naked Horror'. There are two modes of existence: Care and Love. Because imperfection always leaves existence behind the full development of its potentialities, life includes anxieties (Care) and guilt. Being-in-the-world is fundamentally unfree, it means being thrown without choice into and out of existence. The problems of existence deal with anxiety, guilt, lack of freedom, and nothingness. Care noisily fills the foreground of existence while Love is more silent, so that total cultural epochs have almost lost sight of it.

Existence in everyday living is always in danger of sinking from the level of respecting Selves to the level of doomed and drifting Ones.

In the turmoil of everyday living, existence is never able fully to maintain the integrity of the Self, true to its potentialities. Existence progresses step by step, from situation to situation, selecting, deciding, forming opinions, taking a stand true to the relative freedom of the Self, never lulled into stagnating complacency, alert in all situations to new possibilities of integration with the surrounding world. Existence in action—in the broadest sense of the word—is neither quite lost, dependent on the world, nor fully self-sufficient, independent in the sense of the Self of philosophic existence. Between the One and the authentic Self moves the self of personality-in-action, developing its own history in the process of maturing by experience.

In the struggle for existence in a world ruled by anxiety (Care), the surrender to the existential experience of Love appears softening and therefore weakening.

Binswanger sees the psychotherapist as a scientist and artist in one, integrating in his personality the needs of Care and the potentialities of Love. As a scientist he collects facts and data, searches for cause and effect, motivation and purpose in careful rational procedures. This part of his task is a dignified

pursuit which he owes to existence as Care. But he would remain an intellectual technician if that were all, if he were not also an artist, open to visions of 'togetherness', totality, to existence as Love, to the healing potentialities of the creative Eros.

The psychotherapist looks at trees, the existentialist at the forest in 'philosophical terms'. He does not consider anxiety as a result of early individual experience but as a constituent factor of being-in-the-world.

Freud in his writings, repeatedly rejected philosophic concern. The philosopher, he thought, is whistling in the dark and avoids the hard facts of natural science. However, in some of his later writings he became a philosopher himself. In his system of psychoanalysis the dialectic poles of human existence are Eros and the death instinct. In terms of existential philosophy, this is defined as the dialectic relation between Care and Love.

MARTIN GROTHJAHN

Psychodynamics of Alcoholism in a Woman. Douglas Noble. Pp. 413-425.

The history and three-year, successful analytic treatment of alcoholism in a woman (which appears rather infrequently in the literature) is reported. Hospitalization was utilized as an adjunct to tide the patient over critical periods of anxiety. A severe conflict with a rejecting, orally-frustrating mother was a basic etiological factor, a factor quite similar to that seen in male alcoholics.

LEO RANGELL

American Journal of Orthopsychiatry. XIX, 1949.

The Objective Evaluation of Psychotherapy. Round Table 1948. Augusta F. Bronner, Chairman; Lawrence S. Kubie, Ives Hendrick, Ernst Kris, David Shakow, Henry W. Brosin, Paul Bergman, Edward Bibring. Pp. 463-491.

Kubie points out the difficulties in evaluating psychotherapeutic processes, especially in private practice. He depicts an ideal neurosis treatment center where adequate controls and suitable methods of study could be initiated. Hendrick places the therapist's ability to understand the emotional life of the patient in the foreground of all clinical and theoretical instruction.

Kris surveys extrinsic and intrinsic evaluations of the therapist himself, and expresses the opinion that the personal analysis provides subjective and objective criteria of therapeutic work which compare favorably with the data obtained by other methods. The psychotherapist finds constant support and clarification of his methods through continuous self-analysis.

Shakow believes that the therapist is not the best investigator of his own work; the goal of helping the patient does not necessarily coincide with curiosity as to how this process takes place. He suggests that the data of therapy be followed by a group of independent investigators whose composition and procedure he discusses. Brosin elaborates further upon these suggestions.

Bergman points out that the data for evaluating patients will be viewed differently in the context of various therapies. Bibring is of the opinion that the confrontation of techniques employed with results achieved is highly inadequate and maintains that there would be more value in ascertaining the efficacy of different therapeutic agents such as suggestion, transference, insight,

and new experiences. In summary, Kubie discusses limited and ultimate goals in psychotherapy and notes that in characterological disorders, nonspecific agents, such as religion, alcohol, and war, may be at times more effective than the psychiatrist's techniques.

MARK KANZER

British Journal of Medical Psychology. XXII, 1949.

Discussion on Archetypes and Internal Types:

- I. On the Reality of Archetypes. Michael Fordham. Pp. 3-7.
- II. Some Notes on the Psychoanalytic Concept of Introjected Objects. Paula Heimann. Pp. 8-15.
- III. A Contribution of Clinical Material. Gerhard Adler. Pp. 16-22.
- IV. The Psychoanalytic View of Mandala Symbols. W. Clifford M. Scott. Pp. 23-25.

This symposium is a mixed presentation from various schools. Fordham's paper gives Jung's theoretical formulations of archetypes, summarizing the proof of the detection of archetypes based upon examinations of the dreams and fantasies of many people. Familiar, classical, and unconvincing exposition of the nature of the archetype concludes this paper. Heimann's subject deals primarily with the presentation of the concept of introjection, ambivalence, and superego formation from the Kleinian point of view. Adler presents clinical material which he offers in evidence to the existence of archetypes. Scott's paper is a very brief discussion of mandala symbols, showing the difference between the Freudian and Jungian attitudes, with a cautious nod toward the Freudian point of view.

Steps in the Development of an Object-Relations Theory of the Personality. W. Ronald D. Fairbairn. Pp. 26-31.

Fairbairn continues his systematization of his revised psychopathology. In previous papers he took issue with Freud's 'hedonism' since he feels that erotogenic zones cannot be properly regarded as the sources of pleasure-seeking gains, but that these zones are channels adapted to the fulfilment of libidinal aims which have their source in the ego and are directed toward the establishment of satisfactory relationships to objects. He further attempts to reformulate the libido theory in terms of object-seeking by revision of the classic theory of repression; his addition deals with splitting off and repression of parts of the ego. Thus he aims at 'an object-relations' theory of the personality.

Psychogenic Factors in Dermatitis and Their Treatment by Group Therapy. H. S. Klein. Pp. 32-52.

The results of treatment of thirteen cases of dermatitis by group psychotherapy in addition to individual psychotherapy were very encouraging. The author gives six reasons why group psychotherapy has advantages over individual psychotherapy, the most impressive of which is the demonstrability in a group session of how the emotional tension generated in a discussion of a traumatic situation leads to the onset of pruritus scratching.

Total Color Blindness of Hysterical Origin. R. W. Pickford. Pp. 122-128.

This is an exceptionally interesting case of total color blindness cured by hypnotic treatment based on psychoanalytic insight. The patient had an anesthesia for all colors which probably began in infancy. This was an expression of the need to be free from dependence on his mother. A precipitating incident appeared in the form of a sore throat for which his mother gave him a colored scarf to wear. He suddenly felt that the scarf was dangerous and was choking him and he called out to have it removed. At the same time he lost his ability to see all colors. He associated color blindness with masculinity. The details of the case are convincingly presented.

NORMAN REIDER

The 'Body Scheme' in Psychotherapy. W. Clifford M. Scott. Pp. 139-150.

This paper affords one a further opportunity to grapple with Scott's concept of the body scheme: 'a more or less conscious integrate of sensations, perceptions, conceptions, affects, memories and images of the body from its surface to its depths and of the body from its surface to the limits of the cosmos'. It is the structural representative of all experience, continuously built up and altered. The paper is not about the use of the body scheme in psychotherapy but about possible contributions to the concept from coöperative research in embryology, neurology, academic psychology, parapsychology, religion, psychiatry, psychoanalysis, and poetry.

KENNETH MARK COLBY

British Journal of Psychology, General Section. XXXVIII, 1948.

'L'Appetit Vient En Mangeant'. Some Reflections on the Self-Sustaining Tendencies. J. C. Flugel. Pp. 171-190.

'Certain "self-sustaining" needs, desires or activities, when once aroused, may continue and even gain in intensity and occasion prolonged satisfaction in a way that is not explained by the intensity of the original stimulus and that is difficult to account for in terms of the hormic-tension theory of feeling and action. These self-sustaining needs, together with their consequences, would seem to be due to the influence of new or secondary needs or desires which are aroused by the very process of attempting to satisfy the needs that originally started the activities. These new needs may be sensory or ideational according to the nature of the activity concerned.' Flugel examines this theory of tension increase and satisfaction by considering emotions of joy, the tensions present in self-sustaining needs, experimental studies of work curves, and the manner of termination of such needs. He discusses the relation of self-sustaining needs to deprivation, the acquisition of such needs, and how personality is affected by them. Finally, he presents views on the relationships between self-sustaining needs and persistence in motivation, and the relation between these needs and experiences of pleasure.

ROY SCHAFER

Journal of Social Psychology. XXVII, 1948 and XXVIII, 1948.

Some Psychological Hypotheses on Nazi Germany. Paul Kecskemeti and Nathan Leites. Pp. 241-270 and 141-164.

These two articles are a continuation of the authors' analysis of German character structure as a primarily anal-compulsive one. In the first of them the contradictions in German character structure are described under the headings of danger and protection, depression and elation, order and disorder, method and spontaneity, isolation and integration, rigidity and sudden change, possessiveness, doubt and dogmatism. In the second article the major contradictions discussed are rationalism and irrationalism, individualizing and generalizing attitudes, withdrawal and submersion, omnipotence and impotence, and self-esteem and self-contempt.

ROY SCHAFER

Annals of the New York Academy of Science. LI, 1948.

The Theory and Practice of Group Psychotherapy. Helen E. Durkin. Pp. 889-901.

Durkin describes the recent development of John Levy's 'relationship therapy' which is defined by her as 'a transference therapy, psychoanalytically oriented'. This group therapy requires continuous active transference interpretations, not only of transference onto the therapist but among the group members themselves. Verbalization of anxiety-ridden feelings is also emphasized. The author maintains that the therapeutic problems are the same as those in individual psychoanalytic psychotherapy except that they manifest themselves in a more complex social situation. Some women express one kind of feeling more easily than others, and act as catalysts for a while when that particular feeling is important for discussion; later, other patients in the group take over the lead when feelings that they can talk about freely become pertinent. In group therapy with mothers, after it is well under way, discussion is confined very largely to the women themselves; reverting to discussing the problems of their children may then be regarded as a resistance manifestation. Durkin presents in some detail the handling of a group, with particular attention to one woman in the group who ostensibly came for help in handling her affairs but who unconsciously maneuvered to obtain approval and advice from an authoritarian figure in order to keep her fears and hostility buried.

ROY SCHAFER

Acta Medica Orientalia. IX, 1950.

Dynamics and Diagnostic Value of Creative Therapy. I. The Body-Space Test. Ernest Zierer. Pp. 35-43.

This paper describes a body-space test developed by the author for use in the differential diagnosis of neurosis and psychosis. It consists of five drawings in crayon which can be rendered in forty minutes. The patient is asked to draw certain simple configurations. The decisive factor in evaluating the drawings is the way in which the patient places the various figures in the space.

Zierer has found that psychotics are not able to accept the three dimensional world and that this is evident in their painting. He goes on to tie up certain characteristics of the drawings with the different levels of libidinal development. The entire test is done without asking for any comment or association from the patient. Zierer claims that in this way he has been able to diagnose correctly eighty-six percent of some eighteen hundred patients he examined.

RALPH R. GREENSON

Psychologia Wychowawcza. Organ Instytutu Pedagogicznego, ZNP, Warsaw. XIV, 1949, No. 1.

This issue of the Polish psychological periodical does not provide any material for a psychoanalytic reviewer. It is indeed a sad and characteristic document, illustrating the status of psychological science in one of the countries behind the Curtain, a country where genetic psychology and psychoanalysis were formerly taught at universities and represented in numerous publications.

Out of four articles, two deal with an exposé of Soviet views on Piaget and with the problem of psychic development in Soviet psychology. Here again we are treated to the well-known clichés about the bourgeois science and 'the idealistic bias' of Western psychology. The abstracts as well deal mostly with Soviet literature.

GUSTAV BYCHOWSKI

NOTES

Erratum. This *QUARTERLY*, Volume XIX, No. 4, October 1950, p. 499, line 7 of the Summary should read:

analyst, but that the analyst does not react as the parents did.

The SEVENTEENTH CONGRESS of the INTERNATIONAL PSYCHOANALYTIC ASSOCIATION will be held in Amsterdam, Holland, beginning August fifth through August ninth, 1951.

The provisional program includes a symposium on Mutual Influences in the Development of Ego and Id; a symposium on Re-evaluation of the Role of the (Edipus Complex; reports of the Committee on Research. When the complete program is available, it will be sent to the branch secretariats and to those members who have completed and returned the registration forms which will shortly be sent to all members. If these forms have not been received by February fifteenth, members are requested to apply for them from their branch secretariats.

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 17, 1950. THE BEHAVIOR OF THE STOMACH DURING PSYCHOANALYSIS.
Sydney G. Margolin, M.D.

A twenty-two-year-old girl with a large gastrostomy of two years' duration was psychoanalyzed. During the course of her analysis (but not during the analytic sessions) studies were made of gastric motility, color of mucosa, volume of secretion, concentrations of HCl and pepsin. The patient's gastrostomy was necessitated by esophageal stenosis following a suicidal attempt by swallowing lye. Three patterns of gastric functioning were found: 1, uniform hyperfunction ('synchronized high activity'); 2, uniform hypofunction ('synchronized low activity'); 3, a state of asynchrony, or dissociation of functions. These patterns showed correlation with the patient's unconscious mental processes, and could be predicted by the analyst from his knowledge of the patient's psychic activity at a given time. Synchronized high activity seemed related to an instinctual need driving toward a break-through into consciousness, synchronized low activity, to strong reaction formation, and asynchrony, to 'defense mechanisms in the service of psychic equilibrium'. Margolin concluded that such studies as this constitute one method 'of verifying psychoanalytic data and of validating psychoanalytic theory'.

Dr. Lawrence S. Kubie agreed with the conclusion just quoted. He stressed the fact that the various states of gastric functioning were found to correlate with unconscious, rather than conscious mental processes, and also that one must be cautious in assuming that the stomach of a person without a gastrostomy would respond in the same way as that of this patient, since in her, her stomach

had become the major focus of her life. Dr. I. Peter Glauber remarked that Pavlov had found that the salivary responses of his dogs could be divided into hyper- and hypo-active, perhaps corresponding to the hyper- and hypo-function of the stomach in this patient. Dr. Ludwig Eidelberg asked whether the patient's reaction to the fantasy of eating food had been studied, and pointed out that the stomach might be libidinized in oral as well as genital terms.

EDGERTON MC C. HOWARD

May 23, 1950. THE MOTHER IN THE ETIOLOGY OF STUTTERING. I. Peter Glauber, M.D.

Dr. Glauber concludes that the nuclear etiologic factors in the stuttering syndrome lie in specific elements in the personality structure of the mother. This is based on an extensive interview study of the family constellations of seventy-five stutterers and material from the analyses of stutterers and their mothers.

Because of her relation to her own parents the mother had to possess and control both husband and child. There were feeding difficulties based on the mother's fear of being devoured by the child. The mothers regarded speech as an aggression.

Analytic material from stutterers revealed that the stutterer felt a oneness with mother. There was a wish to be incorporated by the phallic mother: the body image of the stutterer himself was only a part object, ablated breast or phallus. Separation thus caused anxiety. Normal behavior was blocked because activity was too aggressive while passive aims were too dangerous. Patients tried to provoke both incorporation and ejection, particularly in the transference. Separation from the mother was felt as a hostile act, being ejected unready into the world by her.

Analytic material from mothers indicated a strong death instinct. There was a phallic body image with fantasies of returning to the womb. Oral and phallic characteristics were mixed. These patients tended to be depressed. There was oscillation between feared feminine passivity and the phallic defense; also oscillation between goodness and badness, especially in the part objects, phallus and breast. There were two images of the body, one an identification with the phallic mother and the other as a castrated part object separated from mother. The greatest fear was of oral aggression. They feared their own daughters' masturbation and castration problems. They had symbiotic needs and needs to destroy this union by oral aggressions. Pregnancy helped complete the phallic body ideal and childbirth was a castrative loss. They fed their children in contradictory ways.

Dr. Bertram D. Lewin recalled Ferenczi's idea that stuttering was a urethralization or analization of the voice, and Coriat's and Fenichel's observations that there was an oral-sadistic component in stuttering. The mothers of stutterers are preoedipal; they wish to eat the child and be eaten by the child. Dr. Melitta Sperling added that three stuttering children she analyzed also had other psychosomatic disturbances, obesity, and eating problems. Dr. Glauber's work confirmed her finding of a close relationship between the stutterer and the mother. Dr. Fritz Wittels mentioned a mental hygiene therapy of stuttering

in which the stutterer is taught to be proud of every stuttered word, eventually overcoming the stutter. He felt that the mother's contradictory character forces the child into multiple identifications. Dr. Meyer noted that although the incidence of stuttering in the families of stutterers is ten times that of families of nonstutterers, it does not follow any Mendelian pattern. Dr. Herman Nunberg had hoped that Dr. Glauber would present material indicating the psychic structure or conflicts which were specific for stuttering.

Dr. Glauber, in closing, said the wish to be eaten may be benign or malignant. Masochists are constantly struggling with an urge to deep regression, a sort of provocative use of the death instinct to rouse the patient to life. Some mothers produce stuttering only in male children, others only in female children.

SIDNEY TARACHOW

June 13, 1950. THE OPTIMUM CONDITIONS FOR THE TREATMENT OF SCHIZOPHRENIC PSYCHOSIS BY DIRECT ANALYTIC THERAPY. John N. Rosen, M.D.

The optimum conditions for successful treatment of schizophrenic psychosis by direct analysis are 1, the application of treatment during the phase of relatively coherent verbalization; 2, treatment before further spontaneous regression ensues; 3, treatment before further regression results from incarceration or mistreatment.

These conclusions are based on the treatment during the past six years of schizophrenics who had proved resistant to the usual forms of 'organic therapy'. Twenty-seven of these rapidly responded to direct analysis. The conventional diagnostic categories indicate little about the prognosis. The differences in speed of recovery are related primarily to differences in the level of regression prevailing at the beginning of treatment. The most important aspect of regression from the standpoint of treatment by direct analysis is verbalization, since direct analysis puts major reliance on intelligible verbal exposure of the unconscious. It is therefore important to begin treatment while the patient can still speak intelligibly.

Direct analysis is also indicated at the earliest moment at which it is presumed that, without the intervention of therapy, there will be further regression. Little is known about spontaneous remissions, but it is assumed that it is unlikely that there will be arrest of the disorder or recovery without treatment. The third optimum condition for the use of direct analysis is its application before other methods have failed. By furthering regression, alternative treatment by hospitalization or shock interferes with therapy. Direct analysis applied under these optimal conditions will resolve a psychosis in a matter of weeks or months, rather than years. Classical freudian analysis following the resolution of the psychosis results in 'immunization', i.e., leaves the patient better equipped to face life than one who has never been psychotic. Twenty-four of the twenty-seven cases quoted in the series were treated personally by Dr. Rosen. One such case is presented in some detail.

Dr. Phyllis Greenacre spoke of the possibility of spontaneous remissions. She recalled her earlier hospital experience where in a nontraumatizing en-

vironment, with treatment limited to reality factors and avoiding transference, improvement occurred in thirty to thirty-five percent of schizophrenic cases whose psychotic status approximated the optimal conditions described by Dr. Rosen. Recovery without insight was not uncommon in psychotic patients with deterioration, even after long periods of hospitalization. Her experience with follow-up studies led her to question relatively quick therapeutic success as the main index in evaluating therapy. She agreed with Dr. Rosen's insistence that the patient recognize his illness as psychotic. Dr. Bertram D. Lewin noted that Freud equated a psychosis to a dream, and that Dr. Rosen might be said to play a role in his patients' dreams. Dr. Lawrence S. Kubie felt that Dr. Rosen had accomplished a notable technical achievement by intruding himself into the highly charged waking dreams of his schizophrenic patients and influencing their course. He stressed the importance of long term follow-up studies. Dr. Kurt R. Eissler noted that in the psychoanalytic treatment of schizophrenia an acute phase and one of relative muteness must be distinguished, and that the techniques necessary in the treatment of the two phases were different. He believed that the basic disturbance and curability of schizophrenia could be investigated only during the second phase, though most psychoanalytic reports concerned the acute phase. Dr. Robert C. Bak questioned the efficacy of interpretation of the unconscious in the schizophrenic patient. He agreed that love for the patient contributes to the therapeutic result, quoting Ferenczi to the effect that these patients have to be almost adopted to be helped. Dr. Raymond de Saussure noted that Dr. Rosen gratified rather than frustrated the patient's needs, pointing out that this might be a necessary step in compensating the patient for earlier frustrations. Dr. Robert Fliess emphasized the importance of 'primary identification' with the therapist. The re-cathexis of the object, and its incorporation by the ego, represented the first step toward its restitution and reintegration, he said.

A. A. ROSNER

Training in psychoanalytic medicine is now provided at the COLLEGE OF MEDICINE AT NEW YORK CITY OF THE STATE UNIVERSITY OF NEW YORK. Dr. Howard W. Potter, Professor of Psychiatry and Executive Officer of the Department of Psychiatry, has organized within the department a Division of Psychoanalytic Medicine. Dr. Sandor Lorand has been appointed Chairman of the Executive Committee of this division which is responsible to the Department of Psychiatry for recommendations as to choice of students, arrangement of courses, teaching, and for appointment to the psychoanalytic faculty. Recognition as a training center has been granted by the Board of Professional Standards of the American Psychoanalytic Association. Candidates for training are appointed from among graduates of the Psychiatric Residency Program, from psychiatric residents in advanced standing, and from members of the staff of the College and its affiliated hospitals. A clinic for analytically oriented psychotherapy is currently in operation at the Kings County Hospital. Psychoanalytic therapy will shortly be provided by the same clinic. Students in training staff the clinic, and daily supervision is provided by members of the psychoanalytic faculty.

Its president, Dr. Adelaide Koch, reports that the BRAZILIAN PSYCHOANALYTIC SOCIETY IN SÃO PAULO has developed steadily during the past two years. It now has eight regular and one associate members. Meetings are held regularly twice a month in which technical and theoretical problems are discussed. Special interest has been shown in the problem of depression. An unpublished paper of Mrs. Eva Rosenfeld about a case of depression, current views, and different techniques were thoroughly studied. Miss Virginia Bicudo read a paper about depressive aspects of two clinical cases. Dr. Durval Marcondes presented a case of paranoia.

During the past two years six candidates have been in training analysis. One finished her analysis but decided not to pursue the study and practice of psychoanalysis. One candidate is continuing his training in Rio de Janeiro. Three are continuing their analyses. One of them has begun clinical work under supervision. Two new candidates started their analyses during the last year.

In July, Dr. Theon Spanudis, former member of the Vienna Society, came to São Paulo as a training analyst. He has begun to work with two candidates and will take on four more as soon as he knows Portuguese well enough. He is supervising two candidates. Dr. Koch gave about sixty lectures, including introduction to psychoanalysis, dream interpretation, metapsychology, etc., and a weekly seminar, a case discussion, with several members of the group. Dr. Spanudis lectured on Freud's Outline of Psychoanalysis and held a case seminar. Dr. Darcy Uchôa gave five lectures introducing the psychoanalysis of psychoses. Miss Virginia Bicudo lectured about Feminine Adolescence.

The elected officers were: President, Dr. Adelaide Koch; Secretary, Dr. Darcy Uchôa; Treasurer, Miss Virginia Bicudo. During most of the year Dr. Henrique Mendes substituted as secretary for Dr. Uchôa who could not serve. Dr. Uchôa participated in the First World Congress of Psychiatry in Paris.

The Eighth Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will take place at Chalfonte-Haddon Hall, Atlantic City, New Jersey, on Saturday, April 28, 1951. Both the morning and afternoon sessions will be composed of papers of a varied nature, rather than confining the papers to one or two panel topics. A cocktail party, held after the afternoon session, will close the 1951 meeting. The registration fee for nonmembers of the Society is two dollars. The fee for students, interns, residents, fellows, and those in full-time academic positions is one dollar. It is requested that proper identification be presented. There is no fee for members of the Society. Registration is scheduled to begin at eight a.m. on April 28th. The meeting will start at nine a.m., and will be held in the Viking Room at Haddon Hall. The program of the meeting will be ready for distribution after March 15th, and will be available upon request. For further information, communicate with the secretary, Sydney G. Margolin, M.D., American Psychosomatic Society, 714 Madison Avenue, New York 21, N. Y.

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SIMULATED PREGNANCY IN A MALE

BY WILLIAM N. EVANS (NEW YORK)

I

The boy's wish to bear a child has been frequently commented on in psychoanalytic literature. Boehm (2) thought it sufficiently common to give it the name Parturition Envy. The attitude of the boy to his mother in the negative œdipus, he maintained, was more than just hate; it consisted also of envy of her capacity to have children. Klein (8) maintains that the frustration of the boy's wish for a child makes him feel inferior to the mother, and consequently he overcompensates for this disadvantage by the superiority he deduces from the possession of a penis: 'This exaggeration of the masculine position results in excessive protestations of masculinity'. In writing of the two great wishes of childhood, the wish for a penis and the wish for a baby, Brunswick found that the original wish for a baby arises very early, is asexual and based wholly on the primitive identification of the child of either sex with the active mother who '... is above all else the possessor of a baby' (3). She believed that in the anal phase of giving and receiving, '... the wish for a baby acquires a second root: both boy and girl desire a baby from the mother'. Brunswick, of course, was writing of the preœdipal phase of development, that earliest period of exclusive attachment to the mother before the father appears as a rival. However, as Lampl de Groot (7) adds, '... the passive, feminine relation to the father is with the male child a second edition of his primitive love relation to the mother. ... and contributes to pathological trends which may later disturb his normal sexuality'. It may be assumed, therefore, that the boy's passive wish for a baby from the father in the negative œdipus has its origin in this earlier, preœdipal phase of development.

When one passes from theoretical generalizations to clinical histories there are surprisingly few references to the subject of

male pregnancy fantasies. Boehm gives short illustrative excerpts in support of his thesis. In an early paper Eisler (4) presents a case, but it is presented as a contribution to the larger theme of anal erotism. Reik (9), in his paper on the couvade, quotes the case of a male hebephrenic, treated by Abraham, who had passed through a fictitious pregnancy when fifteen years old.

In view of the paucity of clinical accounts on this theme, the following notes are contributed because in the case of this patient the pregnancy was enacted on the analytic couch with a wealth of detail and with a dramatic realism over a period of about ten days. Not only was time a remarkable feature in this case, but above all, the analysis demonstrated the enormous impact which the mystery of birth had made on him as a child, and the impressions he had formed of the mother's role in this drama.

II

The patient was a man in his early thirties, referred by a psychiatrist with the diagnosis, anxiety hysteria. The patient, however, had his own diagnosis; he jestingly called himself a 'middle sex', a pun on the name of his home county in England (from which this case is reported).

Just prior to the war he had concluded two and a half years' treatment with a female analyst, his main symptom at that time consisting of hysterical attacks sufficiently severe to prevent his earning a living. After the analysis the attacks abated, he married and became a father; furthermore, he achieved no little success in business and during the war carried out quite courageous rescue work in the air raids. He had in fact managed tolerably well till the summer of 1945 when the attacks recurred, not so severely as before, but sufficiently to make him seek further treatment.

The immediate cause of the relapse was the occasion of a visit to his parents' home where he spent the night, this being the first time he had slept there since his marriage. His sleep, however, was disturbed by fantasies of his parents in sexual

intercourse, and in these he was quite clearly identified with the mother. Next morning he was taken to a hospital because of vomiting and acute pains in the stomach. The medical examinations revealed nothing abnormal, and a bottle of medicine removed the symptoms. Soon afterwards the hysterical attacks returned.

The patient was brought up in a squalid London slum and, even making generous allowance for his bitterness, the picture he drew was one of great poverty and squalor. In the small tenement in which he had spent the first twenty years of his life, the living room served also as the parents' sleeping quarters. Here, too, his mother gave birth to her five children, of which he was the first. It was also in this room that the patient had slept for the first four years of his life, until his place was taken by the next born.

In every way the parents were typical of their environment, the mother having been a barmaid, and the father a billiard marker who supplemented his meager wage by spare-time work in a butcher's shop; but as his only relaxation was frequent attendance at the races, the family had to live on very little.

Dates and numbers fascinated the patient. His parents were married August fourth, 1914, the day of the outbreak of the first World War. This he felt to be no accident because their marriage had been a continued outbreak of hostilities. He was born seven months later on the twenty-fifth of March, or Lady Day as it is popularly known, and his mother gave him the nickname of Lady. For this reason he liked to think that he was fated to be 'odd and peculiar', to use his phrase.

In many ways he was unusual. At school he was often called 'dopey', and that was the impression he tended to give: kindly, innocent, and slightly stupid. 'I wouldn't know' was his usual disclaimer when an interpretation was not to his liking. After leaving school at fourteen he had tried a variety of jobs—paperboy, errandboy, officeboy, etc; but the one job to which he remained faithful in his spare time was butchering. Since his first analysis he had had three jobs concurrently. In his main occupation he was a successful salesman. Week ends

he did the accounting for a provision merchant. Having a flair for figures he also added to his earnings by advising on income tax problems. Thus with two connections in the food trade he knew little of the rigors of rationing. When he referred to his not inconsiderable earnings he liked to add that he was not such a fool as he appeared. In fact, far from being one, he was possessed of a certain shrewdness and much insight into himself and others. He was certainly intelligent—probably very intelligent—but he was careful not to appear so.

Apart from his work he had few interests. Books he had little use for, nor did he ever buy a newspaper. His visits to the cinema and the theater were most rare. He had some ability with the pencil and brush but was afraid to express his own fantasies and, for the most part, was content to copy other people's. The two things that had impressed him most were Tennyson's poem, *The Lady of Shalott*, which he had read in school, and a visit, years later, to see a production of *Œdipus Rex*. The substance of both the poem and the play had been completely repressed, and not till the end of the treatment did he realize the great significance that both had had for him.

III

In the early days of his treatment he always arrived with a briefcase. Concerning its contents he mentioned only a pair of knuckle-dusters which since his adolescence he had always carried about with him. In his adolescence he had for some years attended a Japanese club and acquired some proficiency in jujitsu. The clear implication was that should he be attacked from the rear—his constant fear—he would be able to give a good account of himself. He spent the early months of his analysis trying to provoke the very thing he dreaded most.

His manner of speaking most clearly showed his anxiety: he leaped from topic to topic, stumbled over words, continually broke off at tangents, periodically stopping to ask, 'Now where am I?' Only one phrase seemed to make any sense and that was a repetition of 'Father, farther away'. This fugitive and incoher-

ent jumble of allusions and uncompleted sentences was a smoke screen. He sought to make a travesty of the fundamental rule of analysis and succeeded in being intensely provoking.

When he was twelve years old he provoked a man to seduce him. He managed to break free and, running as if for his life, he darted up a succession of side streets to elude his pursuer. At this age he had provoked his father to beat him. During the beating the pain suddenly became pleasurable, a sensation accompanied by urinary incontinence. Soon after these two incidents the hysterical attacks began.

Owing to the intensity of the transference which he developed with the change to a male analyst, all his symptoms were acted out in the analytic situation. The hysterical seizures were of two kinds. The first consisted of a lateral rolling of his body with repeated cries of 'no'. The second, and the more common, consisted of a sudden leap in which he arched his back and emitted a loud grunt. When it was most intense this attack was an approximation to the classic *arc de cercle* (opisthotonos).

Analyzing the unconscious meaning of the attacks resembled a prolonged dream analysis in serial form, in which many identifications played their part. In essence, however, the attacks were a symptomatic acting out of his impressions of the parents' intercourse which he had frequently witnessed, combined with his impressions of his mother's last pregnancy. With a child's intuition he had inferred the causal connection between the two events.

In his discussion of hysterical attacks Freud (5) observed that in the fantasies underlying the attacks the sequence of events is reversed, as in some dreams which begin with the end of the action and end in the beginning. So in this case, analysis of the pregnancy fantasy came first, and analysis of the primal scene marked the end of the treatment and the resolution of his attacks.

Having shared his parents' combined living and sleeping room, he had had ample scope for watching their sexual activities. These primal scenes were all the more traumatic because the patient never saw his father till the latter's return from

the war in 1918 when the patient was just over three years of age. At the height of his œdipus complex, therefore, the eldest child was suddenly displaced from the sole possession of the mother.

The patient's first account of the parents' sexual 'turmoil', as he called it, was confused by an unusual fact. Although the patient's bed adjoined his parents' bed at right angles, he witnessed the primal scene reflected in a large mirror on the wall. This indirect viewing of the scene not only created the illusion of distance, of being 'farther away', it also helped him to deny the more important fact that he wished to look, and had actually done so. The active and direct looking had been deeply repressed; hence his insistence on the secondhand version of the mirror. Above all, by looking in the mirror he had seen things in reverse, and this element played an important part in his neurosis.

It may be said, then, that the patient had two versions of the primal scene. There was the blurred and more distant image in the mirror in which reality was still further distorted by his negative œdipus wishes; then there was the undistorted view which he got from looking directly which represented his active œdipus wishes; moreover, the two ways of looking corresponded with contrasting bodily postures: to look into the mirror he could remain on his back and had simply to turn his head; to look directly at his parents he had to turn over and survey the scene from beneath the bedclothes. All this was re-enacted in the transference. These two versions of the primal scene might be likened to a palimpsest in which the original text has been partially erased to make room for another one. It was these two identifications with the father and with the mother in the primal scene that were represented in the hysterical attacks.

The marked tendency to reversal was chiefly expressed by the continual reversing of words and phrases, and by repetitive lapses into 'butcher's language' which consisted of a jargon of obscene words spelled and pronounced backwards; thus he called the female genital 'teenuc'. Other words underwent

greater modifications to make them pronounceable. Fond of drawing, he however always employed his left hand, and invariably copied. In the course of treatment he gradually found himself using his right hand, and it became apparent that his right hand was used to draw his own fantasies. Numbers were also reversed. The address of the clinic was changed from 96 to 69, a reversal that symbolized one of his notions of the parents' intercourse, and also his first attempt at sexual intercourse.

IV

He had been describing a picture in a children's book in which the children were asleep while the parents were occupied with 'other things'. In response to one or two questions about the picture he suddenly became irritated and abusive, and accused me of trying to push sexual words into his mouth. When I pointed to the literal wish behind the accusation, he began to choke and then turning on his left side he spat, finally lay on his back, and swallowed several times. That night he had diarrhea, with the fantasy that he was ridding himself of 'imaginary babies'. In the following session he developed pains in his side. He then related in detail the hysterical pregnancy which had preceded his return to analysis. While relating this, rumblings in his abdomen became increasingly noisy—which he tried at first to ignore—and finally he jested: 'It's like having a noisy child inside me'.

This development had not been without a number of premonitions. For some time he had been preoccupied with the subject of pregnant women. The pregnancy of Princess Elizabeth interested him greatly. His sister was also due to have a child shortly. But more important he had seen a pregnant woman, whom he assumed to be a patient, leave my house. He was able to describe her dress in detail and observed that she was 'carrying a lot of things'. Her obvious condition and the fact that she was carrying only one thing he had completely repressed. For some time he had begun his session with a nervous cough, and when his attention was drawn to it he was reminded of an old wives' tale that coughing was an effective

way of preventing conception. The coughing was undoubtedly connected as well with fellatio fantasies, as described by Freud (6).

The pregnancy that he dramatized during the following sessions was a fusion of his wife's pregnancy of some years previous and, much more important, his mother's last pregnancy which had occurred when he was seven years old. During the first stage of his wife's labor he had lain on the bed with her, imitated all her movements, and it was his boast that his groanings were only a split second behind hers. It was almost a description of the primitive couvade. His great disappointment was that he had not been allowed to see the final stage of his wife's labor. Similarly, with his mother's pregnancy he heard much but saw nothing. He was bewildered by all the preparation, the coming and going of the midwives, the assembling of the utensils, and so on. He had contrived to listen at the door. Thus the activity and the noise and the mystery surrounding the event were the main impressions made upon him. What he enacted on the couch, therefore, was what he imagined the act of birth to be.

In the sessions that followed, daily reports of the position of his fantasied baby, indicated by his stomach pains, were interspersed with childhood memories and more particularly with his childhood theories of birth and the functioning of the human body. He would begin each session by expostulating with himself that his condition was no more than a fantasy, that he could not in fact have a baby, that he did not possess a womb, but his attempts at reason were usually cut short by the onset of his pains, amounting probably to a mild cramp, after which he seemed to disappear from the world of common sense.

Now the dilemma with which he confronted himself was: how was the baby to come out? This of course had been the question he had posed when he was seven years old. There were two alternatives, both equally terrifying, so that the very thought of them was enough to produce an attack. The first possibility

was that I would cut him open with a knife. The associations led from the theme of Cæsarean births to his aggressive wishes against the unborn children inside his mother. The other alternative was that he might burst. This was connected with the memory of his mother's large belly and his mingled curiosity and aggression.

At this point dates became relevant. On November third he announced that the end was in sight. When he added that he had that morning succeeded in acquiring a dozen eggs—a rare feat in those days—and had promptly dropped and smashed them, I was the more inclined to believe him. I therefore asked when he had begun his treatment. To his very great surprise he recalled that he had started on January twenty-ninth—a day of his own choosing—which I verified afterwards. This sudden remembrance was followed by his most violent attack: he had recalled another date, Friday, November fifth, which was his mother's birthday. Then followed references to 'things going up and bursting . . . bonfire night', concluded by announcing that he would come to term on Friday, November fifth.

On the following day, Thursday, he made it plain that on no account was he going to be hurried and reiterated that the matter would be concluded on the appointed day: 'You can't hurry these things. Nature must take its course.' In these admonishings one could almost hear the worried voice of his mother. As he was so convinced about the date, I reminded him that on the previous day he had to his great surprise recalled the date of January twenty-ninth, and as he was also fascinated by the numbers 2 and 8, possibly the phrase 280 days conveyed something to him? He recalled his mother's anxious concern about the matter of dates during her last pregnancy, but nothing more. Having consulted a calendar prior to the session I pointed out that if he were to count the days from January twenty-ninth, the two hundred eightieth day was, in fact, the date he had chosen, the fifth of November. Although surprised he dismissed the matter. He was more troubled with other 'coincidences', he said. The day was not

only his mother's birthday but also the anniversary of Guy Fawkes's attempt to blow up the English Houses of Parliament.¹

Quite apart from his behavior in the treatment, in his daily life he also lived the part of a pregnant woman. He was so listless and weary that he was forced frequently to rest to such an extent that his behavior evoked the amused comments of his wife and five-year-old son. Even the simplest chores were a burden to him. After carrying a bucket of coal he had to sit down and rest, and after moving a mattress from one room to another he felt forced to lie down on it. In telling these things, however, he saw no element of comedy. Once in the street he was so overcome with weariness that he entered a green-grocer's shop and asked permission to sit down, and having done so immediately recalled that his mother during her pregnancy had entered the same kind of shop and made a similar request. He slipped and wrenched his foot and remembered that so had his mother when she was with child. These incidents are cited to show the completeness to which he had carried his identification with his mother.

On Friday, November fifth, his pregnancy came to an abortive end. Before coming to his session in the morning he had been on the point of taking an aperient but restrained himself with the thought that he was dealing with fantasy rather than fact. During the night he had been disturbed by a vague dream in which the only articulate fragments were a woman's scream and the sound of sobbing. For the first quarter of an hour he lay completely still, obviously awaiting some overwhelming experience. Then slowly placing his hands on his stomach he complained of a feeling of unreality: even the pains had gone. After

¹ It may be necessary to remind American readers of the significance of Guy Fawkes Day. On November fifth, 1605, a number of Catholic gentlemen under one Guy Fawkes formed the Gunpowder Plot for the destruction of the King and the two Houses of Parliament. When the preparations were all complete one of the conspirators revealed the plot. This deliverance was thereafter celebrated by the Church in the Protestant feast of Guy Fawkes. The Fifth of November is, however, largely a children's festival and is known as Bonfire Night. Effigies of Guy Fawkes are burned at street corners, and fireworks are a special feature of the rites.

another long silence his association was of 'those fireworks you expect to go off and don't: damp squibs'. Finally, a mental picture of himself as a child in the bath watching his flatus disappear on the surface of the water marked the passing of his fantasy. He had a feeling of irreparable loss. During the rest of the session and over the week end he was utterly dejected. He was disappointed because he had been unable to 'let go and shout', for in listening at the door of his mother's room he had gained an impression of enormous activity which he likened to 'hell let loose'. He was disappointed because he had wanted to experience everything a woman could experience and, he gravely added, a woman was not a woman until she had had the experience of childbirth. This was the supreme human achievement and in seeking a parallel he could only liken it to the travail of Christ on the cross. He was also disappointed because he felt that he had let me down: he had wanted to demonstrate that he too was capable of this experience for, above all, his baby was meant to be a gift to his male analyst.

His childhood theories about parturition and sexual intercourse were as varied as his notions concerning the inside of his mother's body. One theory was that his mother also possessed a penis, but in the sexual struggle the man with his superior strength forced in her penis with his; her vagina was an inverted penis. In the act of giving birth the mother's inverted penis was washed away, and so birth, in effect, involved castration of the mother. After each birth the penis grew again and this fiction he was able to maintain till the mother's last pregnancy when she gave birth to a girl. Unconsciously, therefore, his pregnancy was an attempt at self-castration.

Closely associated with birth was the idea that the orgasm was also an explosion. In speaking of both he used the same figures of speech in which the main theme was bursting. Both were cataclysmic experiences and, as one might expect, the main difficulty in his sexual life was his fear of ejaculation. Finally, both parturition and orgasm were equated with death and annihilation; they represented a masochistic ecstasy which he both desired and dreaded. In analysis these fears were

represented by his fear of the end of the analysis which, as he demonstrated, was a killing rather than a curing.

V

As the purpose of this paper is limited to showing the significance of his pregnancy at the phallic level, attention should be drawn to the particular intensity of his fear of castration. His pregnancy was, according to the logic of his unconscious, an attempted castration. Castration was a sufficiently strong fear to preclude all forms of manual masturbation, at least since his childhood. The threat expressed itself in a taboo of touching his genitals. What was remarkable, however, was the extent to which he literally obeyed the prohibition while at the same time seeking every means to circumvent it. To meet the minimum demands of personal hygiene he resorted to all manner of bodily contortions to obey the taboo. To obtain his masturbatory pleasures, while at the same time adhering to the letter of the law, he employed a variety of circuitous devices, such as bicycling on a model with low handlebars and an elongated saddle. Using a milk bottle was another of his adolescent maneuvers. Sexual play with a younger sister served the same end as it was she who touched his genitals. At one period in his analysis an outburst of sexual activity with his wife proved, on closer scrutiny, to be but another expedient. He was careful not to touch his penis, and so under the guise of apparently normal intercourse, he was able to express his masturbatory fantasies in which he played the dual role of a spectator watching himself in the part of masochistic woman in the sexual act.

As, therefore, all direct forms of sexual pleasure were precluded by this taboo against touching, the result was that his instinctual life proliferated in abundant fantasies, and in these he derived his main satisfaction from looking.

In discussing scoptophilia, Abraham (1) cites the case of a female patient in whom an *arc de cercle* was a mimic representation of the parents' intercourse which she had witnessed. The subsequent restriction of her scoptophilic instincts was, he

pointed out, a talion punishment for the act of looking. So in this case, the actual looking had been deeply repressed and with it his active œdipus wishes. This was illustrated in one of the patient's rare visits to the theater when he elected, curiously enough, to see a performance of *Œdipus Rex*. On leaving the theater, a complete amnesia obliterated every detail of the play, and for some time after he was afflicted with a fear of blindness. This talion punishment for his active looking expressed itself in a phobia of cameras and in a refusal to be photographed. It should be stressed that his insistence on the secondhand version of the mirror served to hide the fact that in his original view of the primal scene he had seen not only his mother's genitals but also the menstrual blood. It was in looking at this original version of the primal scene that he recalled the theme of *The Lady of Shalott*, and showed a remarkable insight into its symbolism: 'The curse is come upon me'; 'The mirror crack'd from side to side'; the significance of her constant weaving. In other words, he understood her refusal to look at reality as he came to understand the connection of his horror of the female genitals with his own very great dread of castration. Under the threat of castration, therefore, he had repudiated his masculinity and assumed to a remarkable degree his conception of the role of his mother. It was as if he understood that to be loved as a woman by the father he must submit to castration, and his simulated pregnancy proved on analysis to be an attempt to pay that price. Under the dominance of his castration complex his active œdipus wishes had been deeply repressed.

This patient tried to resolve his conflict in a profuse fantasy life from which he derived the vicarious satisfaction of a spectator, thereby avoiding the commoner compromise of perversion. One might say that in the most important expression of his instinctual life he was not unlike the Lady of Shalott for, like her, he too preferred to see through a glass, darkly, and in his fear of looking at reality he had to content himself with shadows and reflections.

SUMMARY

The re-enactment of a fantasy of being pregnant by a male patient was a most complete and dramatic expression of his identification with his mother. For him a woman's supreme claim to womanhood was in her possession of a baby, which he too sought to acquire. His pregnancy was also a symbolic castration, the price he must pay to be loved by the father. Lastly, the pregnancy was the culmination of a cycle of events which had its inception in the psychic trauma of the primal scene. In accordance with a tendency to reversal which, as Freud pointed out, is a marked feature in the analysis of hysterical attacks, the action of the drama was played in reverse.

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ANXIETY, TRAUMA, AND SHOCK

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In clinical psychoanalysis there emerges behind the patient's defense mechanisms and symptoms a dread of being overwhelmed or annihilated, as though something terrible, which had been experienced once before, were to be repeated.

The interconnection of anxiety, trauma, and shock is not a new conception. Freud (18) defines anxiety as a response to danger whereby danger is explained as the emergence of a 'traumatic factor', a condition of tense excitation which cannot be mastered by discharge. He adds that it is only the magnitude of the excitation which transforms a stimulus into a traumatic factor, which gives significance to the danger situation. Shock he explains as the effect of a traumatic breaking through of the protective barrier (*Reizschutz*) of the psychic organ (21). This protective barrier is represented by the apprehensive preparation, together with the cathexis of the receptive systems, as the last line of defense against stimuli. A traumatic effect results both from external excitations which are strong enough to break through the protective barrier and from a failure of the internal protective barrier which binds the instincts activated in the primary process (21). According to Ferenczi (16), shock is a destruction of the ability to offer resistance and to think and act in one's own defense. Possibly the organs which are essential to survival of the self lose their function or are reduced to a bare minimum. Rado (51) has established the concept of 'emergency reaction'. He states that the very basis upon which the organization of 'emergency behavior' has evolved is the effective use of pain as a warning signal of damage (52). Goldstein (27) says shock is the inability to cope adequately with the

An outline of this study formed part of a paper on *Pavor Nocturnus* and *Fear of Insanity*, read before the Palestine Psychoanalytic Society (Chewrah Psychoanalytit b'Erez Israel) in 1945.

environment because of inadequate stimulus evaluation. Anxiety is the experience of a catastrophic reaction due to a shock-producing situation. For purely historical reasons, it may be added that Oppenheim (48) found the essential nature of shock resides in direct injury to the molecular structure of the brain.

None of these definitions clarifies satisfactorily what is meant by shock. When Goldstein (27) states that the normal person, in his conquest of the world, undergoes such states of shock over and over again, even without experiencing anxiety, he evidently speaks of something different from what Freud means by a disruption of the protective barrier.

The term shock is also used with specific connotations, as, for example, in shock therapy, which is characterized by the provocation of sudden, overwhelming seizures, the nature of which is not yet clearly understood. Finally, we know clinical shock, an extensively investigated condition known in surgery, which I would like to call physiological shock in contradistinction to psychic and therapeutic shock.

The present paper will be confined mainly to the examination of the relation between anxiety and the condition of physiological shock, especially the primary or neurogenic shock of central origin (45, 12), a severe physical disturbance of the organism caused by overintense psychic activity. It intends to correlate the basic processes of adaptive stabilization known in physiology (10, 59) with the psychological concepts formulated by Freud and with observations of behavior reported by psychologists (26, 8, 34) as well as clinicians (55, 30, 63, 64, 3, 4). Thus it introduces an operational hypothesis which I would like to call the shock theory of anxiety. I was led to these investigations by my clinical observations of the nature and the preponderant role of infantile pavor nocturnus in every childhood neurosis. Both in the case of the Wolf-man and in that of Little Hans, the onset of the neurosis was marked by a pavor nocturnus. These attacks are manifestations of the most severe anxiety. The observed symptoms clearly point to the existence of a shocklike paralysis.

THE PHYSIOLOGICAL SHOCK REACTION

Physiological shock is known as a reaction to a sudden psychic or physical trauma, frequently resulting in death. Psychic traumatization—excessive stimuli from psychic activity, such as strong emotions, mental stress, pain, fright—produce the so-called primary or neurogenic shock of central origin. The clinical signs of shock point to slowly progressing paralysis of vital functions (circulatory failure and anoxia are predominant). 'There is profound weakness, flaccidity of muscles, pallor, perspiration, a weak rapid pulse, and a low arterial blood pressure. As the reaction progresses, this deficiency affects the nervous system as well as other parts of the organism, paralyzing its functions: reflexes are abolished, there is no response to painful stimuli, the subject is lethargic or semicomatose, the respiration becomes weak and shallow, and the blood pressure declines to zero. As the condition progresses further, there is stupor, coma, and finally death' (45). In shock arising from psychic activity, we find that the circulatory failure is reversible. It can, however, turn into secondary shock which ends fatally: 'Death from circulatory failure occurs in various forms of psychopathy in which demonstrable lesions are lacking' (45).

THE BIOLOGICAL ASPECTS OF SHOCK

Modern concepts of shock are based on the homeostatic principle according to which the homeostatic balance is maintained through adaptive reactions which 'keep the body on an even course in spite of conditions which might have been deeply disturbing' (10). According to Selye, stress of any kind produces, apart from the more local reaction to the injury, two systemic reactions: 1, a manifestation of systemic damage; 2, a homeostatic response as the expression of defense. 'Stress initiates two courses: one leads to shock, possibly through nervous stimuli, deficiencies, or toxic metabolites; the other, the defense mechanism, depends on activities of the hypophysis and adrenal glands' (57). Therefore the first part of the stress reaction, the systemic damage, may be termed the phase of shock, and the

homeostatic response that of shock defense. Shock and defense together form the shock complex. Shock is thus a reaction which arises in a situation of stress when the homeostatic mechanism functions inadequately. The biological significance of the shock reaction is evidenced by the finding that shock is nothing else but the physiological process of dying. The clinical features, the functional disturbances and the visceral changes, are almost identical whether death has occurred rapidly by shock or more gradually after some grave illness. 'Shock is merely the approach of death by its usual mechanism' (45).

Physiological and psychological shock have the common factor of a failure of a compensatory mechanism in a situation of stress. But are we then justified in classifying Freud's concepts of the protective barrier against overwhelming stimuli (*Reizschutz*) under the heading of homeostatic regulation? Furthermore, what connections can be found between the mechanisms by which the psychic and physical mechanisms perform their regulative functions?

The investigations of Selye (59) and co-workers into the role of the adreno-cortico-tropic hormone (ACTH) and of cortisone have placed the processes of the stress reaction in the center of physiological research. The results are in the initial stages, but a number of fundamental, vital processes seem to have been clarified.

THE MECHANISM OF PRIMARY SHOCK

THE SHOCK PHASE

It has been established that in primary shock or neurogenic shock of central origin, which arises from psychic activity, emotions such as fear, pain, and grief cause the passage of nervous impulses from the brain to the vasomotor centers in the medulla. The vasomotor center in the medulla sends out efferent vasoconstrictor and vasodilator impulses to the blood vessels by way of the spinal cord and sympathetic nerves; thus psychic affects cause a fall in blood pressure, followed by a

disturbance of fluid balance through increased capillary and cell permeability, producing circulatory failure, the prominent feature in the syndrome of shock.

THE PHASE OF SHOCK DEFENSE

The same stimuli, however, which produce the central form of neurogenic shock through the vasodepressor action also act upon the sympathoadrenal system, increasing its activity (11). These sympathetic discharges are due to the stimulation of the hypothalamus, which in addition causes strong reactions in the skeletal effectors of the body.¹ An increased secretion of adrenaline results in the release of the corticotropic hormone from the anterior lobe of the pituitary gland. In response to corticotropin, the adrenal cortex enlarges and secretion of cortical hormone is augmented. The organic corticoids produce changes in organic and inorganic metabolism. The inorganic corticoids cause retention of sodium with resultant increase in blood volume. This plethora contributes to elevation of blood pressure.

Cortical extract (Compound E) has a marked effect on muscular activity.

Dr. Venning (69) examined a woman immediately after an outburst following a hysterical seizure and found that her cortical hormones rose to three hundred units within twenty-four hours (normal: forty to sixty units). In another patient, the cortical hormone index rose to two hundred fifty units after the receipt of bad news.

These findings confirm what we already know from clinical observation: that psychic and physical traumata are equally effective; or, as Brown is said to have put it, that psychological injury is as truly an injury to the body as a fracture or an infection.

The processes of the defense phase are characterized by the multiple innervations safeguarding each reaction, a fact which indicates the vital importance of this function. In the com-

¹ There is evidence of a direct connection between anterior pituitary and hypothalamus (67).

plicated system of shock defense, two groups of reactions may be differentiated: first, the above-mentioned reactions, which are rather inward-directed and which counteract the homeostatic disturbance by nervous and biochemical regulation; second, the discharge reactions, characterized by increased muscle activity, which are induced by stimulation of the caudal portion of the hypothalamus. When experimentally induced in animals, the hypothalamic stimulation results in a reaction termed sham rage (29) consisting of struggling, biting, spitting, snarling, clawing movements, lashing of the tail, dilatation of the pupils, increase of blood sugar, rapid heart rate, rise in blood pressure, decrease in blood volume, and increased secretion of adrenaline. Wortis and Mowrer (70) reported cases of human sham rage as a result of uninhibited hypothalamic discharge. Evidently the hypothalamus contains a mechanism whose activation produces the somatic reaction-pattern characteristic of rage. Ranson (54) states: 'The cats behave as they would have, had they been threatened by a barking dog'.

It is important here to emphasize the general protective function of motility against shock. Shock incites muscular action which—through stimulation of adrenal secretion—in its turn intensifies the defense against shock. The defensive role of adrenaline consists 1, in its effect on the adrenal cortex, and 2, in its effect on muscular activity, inasmuch as this increases circulatory activity and oxygen supply; the increased muscular activity in turn intensifies the secretion of adrenaline and its effect upon the cortex. In experimental tests by Malmö and Shagass anxiety was always found to be associated with excessive activity of the striate muscles (42). Increased muscular activity in general, as a prerequisite for fight and flight, and rage reactions in particular, may be considered important defense mechanisms against impending shock.

THE CATATONOID REACTION

For our purposes we shall here consider a specific phase in the defense against shock, characterized by tonic muscular reactions, which I should like to call the catatonoid reaction. The cata-

tonoid reaction presents a number of symptoms which bear a striking resemblance to the catatonic syndrome: stupor, immobility, negativism, systematic resistance with occasional brusque impulsions, vegetative disorders. It represents a biological regression to a more vegetative existence. Some of its manifestations are reminiscent of decerebrate rigidity in animals (60).

The catatonoid reaction is a biological mechanism of general importance; it is the last line of defense against shock, more or less intermingled with the onset of shock reactions. It is highly significant that all the substances which were found to produce catatonia experimentally (adrenaline, acetylcholine colibacilli, etc.) have likewise been used for the experimental induction of shock (32, 1). The defensive function of the catatonoid reaction is due to anoxic decortication which inhibits the influx of new stimuli; the increased tone of the muscular system increases the secretion of adrenaline; the catatonic rigidity facilitates respiration and steps up the supply of oxygen. The catatonoid reaction is characterized by the balance between a minimum of energy output (low metabolism) and optimal activity of the defense reactions. No further explanation is required to understand the uncontrolled impulsions (raptus) as desperate attempts toward discharge. In the catatonic psychosis, states of extreme motor excitement (violent reactions of defense) alternate with stupors which correspond to the catatonoid reaction; there is decreased metabolism and temperature, lowered blood pressure, bradycardia, loss of appetite, refusal of food, constipation, lowered muscular and cerebral activity—symptoms also common in severe depression (66). Shock treatment in these cases may act through an activation of the pituitary-adrenal axis (59).

It seems that depersonalization and estrangement are a repetition of early catatonoid defense reactions. Oberndorf (47) defined depersonalization as a defense which masks anxiety and compared it to fright rigidity (playing possum). It is well known that schizophrenics react with catatonic stupor when being spoken to. In explanation of his senseless movements, which were carried out with the utmost expenditure of strength, Nunberg's catatonic patient said that they were causing 'eternal

life' (46). Psychotic symptoms would thus appear to be unadapted mechanisms of defense against overwhelming anxiety.

OVERACTIVITY OF DEFENSE

Shock may result from overactivity of the adrenal glands as well as from a deficiency in their functioning. It can be produced experimentally by injection of adrenaline (14, 2), but intact animals require more adrenaline than do adrenalectomized animals. Thus adrenal cortex seems to protect against shock from overproduction of adrenaline as well as against shock due to other causes. The destructive effect of overactivity of the adrenal-sympathetic system has been observed in the above-mentioned violent response of sham rage in decerebrate dogs. The animals died in a state resembling shock. Shulack (62), reporting on several hundred cases of sudden, exhaustive death in excited patients who died with the symptoms of shock, assumes that 'the hormonal system will be exhausted by the constant effect of the chronic emotional strain'. Some states of exhaustion improved through administration of large doses of sodium chloride and injections of adrenal-cortical hormone. Pincus (50) reports that activation of endogenous adrenocortical secretion generally fails in the case of psychotic subjects.

To sum up, shock, the annihilation of the organism, can originate in the psyche as well as from physical causes. It results from a failure of the homeostatic response in a situation of stress: 1, due to dispositional inadequacy of the homeostatic response (newborn infants, constitution, physical and psychic conditions); 2, through excessive stress, such as stress of long duration or undue severity, or sudden damage; 3, it may also result from overactivity of the homeostatic response. The severity of the injury forms a complementary series with the suddenness of the onset. The latter factor ceases to be of importance over and above a certain degree of trauma. In the reaction to stress we observe different phases: 1, tension and excitement, manifesting predominance of defensive reactions; 2, depression and catatonoid reaction, reflecting relative failure

of the defense reaction; and 3, shock, the paralysis of vital functions.

SHOCK AND ANXIETY •

Freud distinguishes three different situations characterized by anxiety: 1, the situation at birth (primal anxiety), 2, that of automatic anxiety, and 3, that of anticipatory anxiety; birth being the prototype for all other anxiety states. The fundamental thing about birth is that it evokes in mental experience a traumatic situation, a condition of tense excitation which cannot be mastered by discharge. In automatic anxiety, the anxiety felt in the process of birth is reproduced automatically, in the way of a hysterical reminiscence in situations which are analogous to that of its origin, as an inexpedient type of reaction after having been an appropriate one in the initial situation of danger. In anticipatory anxiety the ego reproduces this affect as a warning, a signal, whenever such a situation merely threatens. The situation which the infant appraises as danger is the increase of tension arising from nongratification of his needs.

Freud himself recognized his explanations as tortuous and sometimes not very convincing. He retained them nevertheless, feeling that his fundamental conception was right. It seems to me that we can resolve the difficulties with which Freud contended, and can at the same time retain his fundamental conception by introducing into it our present-day findings on the shock reaction. If we correlate the shock reaction, as a reaction to psychic overstimulation, with Freud's definition that the object of anxiety is always the emergence of a traumatic situation, i.e., a situation of tense excitation which cannot be mastered through discharge, and that it is only the magnitude of the excitation which transforms a stimulus into a traumatic factor, it follows that *the shock reaction represents the sum of the somatic processes which occur in a traumatic situation. Thus the traumatic situation is a danger situation because of a physiological mechanism which operates in any living organism whenever excessive quantities of stimuli cannot be dis-*

charged or when a disturbance of the homeostatic equilibrium cannot be corrected by the usual mechanisms.

The intensification of circulatory and respiratory activity and the increase of muscular tension, frequently thought of as the physical activity underlying the anxiety complex, belong in reality only to the second phase of the physiological anxiety complex and are to be understood as a defense against the paralyzing, shocklike reaction which represents its very first phase. Only the shock complex proper, i.e., the shock response plus the defense reaction, constitutes the sum of the somatic processes which underlie the psychological experience of the anxiety complex. Both the paralyzing effect and the tension which presses for discharge, for activity, are psychically felt in every anxiety experience. Since shock is nothing else but the approach of death by its natural way, anxiety—i.e., primal anxiety, the response in the traumatic situation—includes, so to speak, both dying and the defense against dying.

ANTICIPATION OF ANXIETY

Exposure of the organism to catastrophic reactions would be incompatible with functional economy. Freud distinguishes two ways in which anxiety may arise: 1, in reaction to an actual traumatic event; 2, when the ego, in anticipation of such a situation, gives the warning signal of anxiety. The anxiety signal is an ego-induced, attenuated reproduction of a previous traumatic situation, i.e., of the trauma of birth. Freud's conception of anxiety as a signal reaction, as a protective mechanism against serious catastrophic disturbances, corresponds to the nature of biological processes. Signal processes, which refer to processes within the organism, and anticipatory processes, which include influences from without, are protective mechanisms developed even in low organisms. Hunger and thirst are not symptoms of an already existing, serious homeostatic imbalance, but signal the impending threat of such a disturbance.

The psychic apparatus is a system of anticipatory processes representing an extension and differentiation of the signal

processes. Any disturbance of the homeostasis, the removal of which requires an alteration of the external world, acts as a signal, as a stimulus upon the psychic apparatus which endeavors through the anticipatory processes to forestall a catastrophic disturbance.

Thus by tracing the origin of anxiety back to the shock mechanism, we might replace Freud's somewhat labored explanation of anxiety as a purposeless hysterical reminiscence of birth, by one which places anxiety among the biologically purposeful signal and anticipatory mechanisms.

But what, exactly, are the previously experienced shock processes which are later repeated in anticipatory anxiety? Not only 'preanxiety' reactions seem to exist before birth (30); symptoms of shock have been observed in utero (fetal shock) (12). The process of birth causes tremendous disturbances in the economy of the organism. The sudden inflow of great amounts of excitation, the mounting tensions against which the infant is powerless, combined with the physiological situation at birth—immaturity, hypotension, anoxia, asphyxia, immobilization—all these conditions are conducive to the production of a shock state. As a matter of fact, states of shock are often observed in newborn infants (5, 12). What is even more important, however, is that shock reactions are characteristic phenomena in the postnatal period, especially in the first three months after birth (55, 12). At birth and during the postnatal period, the human organism is in a relatively immature state. The forebrain is incomplete, and many of the nerve tracts are unmyelinated; the distance receptors are not functioning fully. The adrenal glands, the most important organs for self-regulation, mature after birth only. Therefore, the ability to maintain homeostasis is lacking, and the signal processes are deficient. In the newborn, hunger is probably closely related to the phenomenon of hypoglycemic shock. Blood sugar tests reveal a much wider variation of the sugar content in infants than in adults. Besides a tendency to hypotension and to loss of body heat, there is extreme lability of the fluid and electrolyte balance in this phase; gastrointestinal

disturbances, vomiting or diarrhea, acidosis and various types of infection are common causes of dehydration and circulatory failure (shock). Ribble states: 'The most striking and consistent characteristic of the infant during the first three months of extrauterine life is a tendency toward functional disorganization. Physiological shock is potential in all babies' (55). A further danger arises from disturbances of the libidinal relationship to the mother. Birth is severance from the mother without preparation. Through the processes of birth and the shocklike reactions attending it, the needs for libidinal satisfaction are acutely increased. Freud (19) stated that '... sexual excitation arises as an accessory effect of a large series of internal processes as soon as the intensity of these processes has exceeded certain quantitative limits. . .'. We know that stimulation of the hypothalamus, the central organ for shock defense, produces sexual excitement. Erections frequently appear in male babies, as a result of the stimulation through shock, during and after birth.

The important function of mothering achieves the discharge of these excitations, by oral gratification, stroking, rhythmic movements, etc. Ribble (55) observed that the generalized state of muscle tension, which often appears immediately after birth, generally disappears through mothering. Mothering obviously serves to discharge the amounts of libidinal stimulation which have been activated by states of excitement and thereby to ward off shock. Even slight irregularities in the personal care and handling of the baby may result in shocklike reactions. The deeply seated fear of loss of love in later life has its origin in this lack of mothering. Frustration will therefore always in some way be connected with exposure to annihilation. Undoubtedly mothering has much more far-reaching consequences as well, partly on the basis of primitive identification, through sight, sound, smell, visual and kinesthetic introjections (30). The discharge of all tensions from libidinal as well as biological sources is ideally achieved by breast feeding, which represents the perfect and most adequate satisfaction of libidinal and nutritional needs; here the libidinal satisfaction is immediate, its effect preceding that of the satis-

faction of hunger (55). Since we usually think of this period in the child's development as the oral phase, I should like to describe the typical shock reactions pertaining to this period as oral shock.

SHOCK DEFENSE MECHANISMS IN THE NEWBORN

Various reactions of the newborn infant, faced with a vast number of stimuli and with an inadequate apparatus for mastering them, serve to ward off shock: 1, the Moro reflex; 2, the startle pattern; 3, storms of excitation: periodic random activity consisting of twisting flexions and extensions of the torso, kicking, waving the arms, turning the head. The infant's reaction to such frustrations as inadequate mothering or loss of mothering, delayed development of the sucking reflex, sucking on a difficult nipple, premature removal of the breast, or sucking at an empty nipple, etc., takes three main forms, one leading into the other, representing progressive stages of defensive reactions: 1, *state of excitation* with restlessness, crying, marked alteration in muscular tension, vigorous body movements, sexual excitation with penile erections in male infants. 'When erection occurred in sucking at a difficult nipple, the erection disappeared when an easy nipple was given' (33). 2, A more severe reaction occurs in the *catatonoid reaction* (described as 'negativistic reaction' by Ribble [36]). It consists of general negativism, refusal to suck, hypertension, and rigidity of all body muscles with an extensor reaction of the muscles of the back, especially of the back of the neck, and with frequent periods of violent screaming, often accompanied by breathing difficulties and constipation.² 3, The most serious reaction to frustration is the *shock reaction*, characterized by stupor (the child does not wake up for the next feeding and has to be aroused by tickling of the soles, by spanking, and the like).

²It is tempting to explain the extreme movements as a sign of central impingement (anoxia). A manifestation of decerebrate rigidity is a posture of extension and abduction, and in lesions of the cerebellum there is a tendency toward movements of extension and abduction (23), the extension facilitating respiration.

general loss of muscle tone and reflex excitability throughout the body, pallor, and diarrhea, a reaction which '... shows a marked resemblance to the clinical picture of shock' (56). Shocklike reactions seem to be the central factor in the disease known as hospitalism or marasmus, which afflicts institutionalized children and is often lethal (64).

The phenomena of *excitation*, *catatonoid reaction*, and *shock*, which have been briefly described here, are different responses to stress.³ Efferent reactions of defense against shock are progressively mixed with paralysis reflecting reactions of shock which, unchecked, culminate in full shock, often with lethal effect. Discharge through motility predominates.

Because muscle activity serves to discharge tension and thereby invalidates the threat of shock, it acquires the significance of a magic action. This meaning becomes enhanced as crying and restlessness prove effective in bringing the mother to the rescue. Thus from automatic discharge the way leads via magic action to active mastery of reality, to alloplastic activity. Discharge through muscle activity, which annihilates the threat, supplies the biological basis not only for fight and flight but for the psychological affect of rage as well.

Finally, special attention should be called to the genital excitations elicited by frustration, which result in an early libidinization of the body and acquire considerable importance during the period of ego formation.

CONCLUSIONS

The archetypal trauma, which is reproduced in the anxiety signal, is the experience of the shock reaction (and its congeners) which is physiological at birth, in the postnatal period and to a lesser extent—parallel to ego maturation—throughout the first two years of life. Not until the maturing organism, through functioning of homeostasis and distance receptors, develops the ability to tolerate tension and to evaluate stimuli, do anticipatory processes take the place of immediate discharge. Then,

³ These three responses together correspond to both the primal and the automatic anxiety as defined by Freud.

automatic anxiety becomes gradually replaced by the psychic anxiety process, an attenuated repetition of the shock reaction. Since shock was once experienced in reality, and as even signal anxiety can deteriorate into shock, the anxiety process includes a realistic element progressively gaining in strength. These two factors—real threat of annihilation and the progressive increase of this danger—impart their distinctive character to the psychophysiological affect of anxiety. In anxiety we always experience a weak reproduction of the shock, felt as paralysis, and of the defense reaction, felt as tension, as urge to discharge.

The phase of shock as well as the defensive phase of the shock complex can be manifested in the alternating innervations which are the physical symptoms of the anxiety state. In the heart, for example, the shock phase is accompanied by symptoms of precordial discomfort, pressure in the chest, with a feeling of impending doom which is among the most typical subjective sensations experienced in severe anxiety. The defensive reaction tends to counteract anoxia through increased activity of the adrenal glands which intensifies the blood supply by increased blood pressure, dilation of the capillaries of the heart, and increased heart rate. The discharge through motility is accompanied by efferent innervations of the gastrointestinal and respiratory systems and, above all, of the cardiovascular system (9).

The fright reaction corresponds to a transitory shock reaction elicited by too sudden an overstimulation, which is immediately followed by violent defense reaction, palpitation of the heart, heavy breathing, and vegetative sensations. The individual character of the fright reaction is determined by the nature of the defense, i.e., by the degree in which discharge (panic) or catatonoid rigidity (*Schreckstarre*) prevails.

As already mentioned, the biological basis for the rage reaction, the prototype for aggressive activity, is the automatic discharge through motility which invalidates and destroys the threat of shock. With the growing of object relations, the threat is projected onto the object and the destructive activity directed against it. In rage this aggressive defense is repeated

anticipatorily, more or less intermingled with sensations of anxiety and helplessness.

Similarly, the blocking of registrative perception in the catatonoid reaction may be conceived of as the biological basis of primary repression. In automatic anxiety this mechanism serves to protect the organism from being overwhelmed by excessive stimuli (negative hallucination [37]). Repression therefore reproduces the defense of the primary anxiety complex. The relation between primal repression (catatonoid cortical blocking) and secondary repression (after repression) corresponds to the relation between automatic anxiety and anticipatory anxiety. Anxiety, rage, and repression are anticipatory defenses against shock.

Examination of the phenomenon of anxiety confirms the existence of a relation between organic and psychic mechanisms, of an interaction between psychic and physical energies. Every stimulus represents a demand both on the psychic and the physical apparatus. The somatic system is subject to changes from psychic as well as from organic processes. The psychic protective barrier is a mechanism charged with the protection of the entire organism against homeostatic disturbance. The psychic apparatus thus serves in the preservation of the organism as a whole; its function is to maintain homeostasis. This task is fulfilled by means of the *anticipatory mechanism*. The organism functions as a sensorimotor whole. Therefore, when a repetition of a need occurs, the mounting urge for discharge results not only in the hallucinatory resuscitation of the sensation and perception of the previous gratification, but in actual recurrence of the autoplasic changes which had been involved in the original experience. In anticipation, an emergence of present instinctual needs evokes whole recall of earlier experiences, together with the image of the present reality situation; synthesis is achieved through the urge for discharge in appropriate action. Thus in *anticipation* a situation experienced in the *past* is projected into the *future* under the conditions of the *present*.

Since the psychic apparatus may be conceived of as constitut-

ing the sum of the anticipatory processes, the nature of the anticipatory process may provide the rationale for the relation between psyche and soma, mind and body.

PATTERNS OF DEFENSE MECHANISM

A review of a great number of experimental studies revealed two main patterns of individual function in anxiety: one characterized by diffuse spread of muscular tension which leads to disorganization of motor patterns, the other by tight, inhibited performances (34). The same factors seem to be influential in the formation of psychic defense reactions in which we can superficially differentiate two main groups; one relating to increased discharge (excitation), as in hysteria, mania, etc., the other to an inhibition of function (catatonoid reaction): rigidity, depression, catatonia, etc.⁴

The different patterns of the defense mechanism are determined by constitutional as well as experiential factors. The ability to ward off shock is dependent upon the full functioning of the endocrine apparatus (pituitary and adrenal glands), which is the requisite of homeostatic regulation; the efficiency of the homeostatic response, therefore, is in part constitutionally determined. Instead of assuming the anxiety phenomenon to be always uniform in character, we must consider the possibility of a variability of anxiety processes in different individuals, due to individual variations in the underlying somatic process.

Genetically, the individual anxiety pattern may be determined by 1, the degree to which in automatic (primal) anxiety the overwhelming action of shock prevailed over the shock defense reaction, and 2, the duration of the period during which automatic (primal) anxiety predominated over anticipatory anxiety. However, severe early shock experiences, whether constitutionally or experientially determined, may in turn affect the endocrine apparatus while it is in the process of formation, and thus may also influence the organic structure of the

⁴ Jones (38) divided the numerous symptoms of anxiety into two classes: those of overexcitation and those of inhibition, corresponding to two biological defenses: the reaction of flight or attack and that of pseudoparalysis.

organism. As individual patterns of automatic anxiety become part of the final psychic structure in the form of signal anxiety, defense mechanisms, reaction-formations, etc., early stress reactions become rooted in the organism. Early infantile experiences thus may become the causes, not only of neurosis but also of chronic pathological physical conditions (psychosomatic disturbances). This interaction of constitution and experience is due to the fact that the organism, especially in its earliest formative stages, is vulnerable to far-reaching physical and psychic changes.

The consequences of prolonged exposure to anxiety due to frustration in early childhood (removal of mother, loss of love) have been demonstrated by Spitz on the basis of thorough research with children in foundling homes and nurseries (64). Compared with children in their own homes, or in nursery homes, those in foundling homes succumbed, to a higher degree, to disease, often leading to death (hospitalism). Spitz also observed in children over six months old a special psychiatric syndrome which he calls the 'anaclitic depression' (63). It is characterized by apprehension, weepiness, rejection of the environment, psychomotor retardation, refusal to eat, retardation of development, and by 'bizarre, stereotyped motor patterns, distinctly reminiscent of the stereotypy in catatonic motility'. In advanced cases the clinical symptomatology varied from deteriorated catatonic stupor to agitated idiocy. In some cases the condition became irreversible.

ORAL AND OEDIPAL SHOCK

There are two phases in the development of a human being in which he is particularly exposed to traumatic experiences. The shock experiences of the first, the early infantile phase (oral shock), can be said to have their counterpart in the traumata of the second, the oedipal phase (oedipal shock). Both phases are decisive in the development of the psychic structure. The oral shock phase introduces ego formation; disturbances at this level lead to a predisposition to neurosis, or to psychopathic behavior disorders and psychosis. A tentative hypothesis may be offered that predisposition to psychosis has its origin in

premature overintensive libidinization of the body due to severe shock experiences from constitutional or experiential causes. The excessive and premature libidinization results in premature ego formation. Consequently, the later structure includes an ego which is invested with a quality of basic insecurity derived from the consciously endured shock experiences (weak ego). That this basic insecurity is in turn reflected in increased disposition to automatic anxiety has been shown by Greenacre (30). In these cases frustrations represent danger of shock; hence there is a greater disposition to automatic discharge and a corresponding inability to tolerate tension. This explains the well-known symptoms in psychopathic behavior, namely the tendency to regressive defense mechanisms (primary identification), to catatonoid depression and withdrawal, or to vehement defense reactions in the form of violent outbursts, which are revivals of early infantile epileptoid discharges (temper tantrums [3, 30]). In severe cases, however, the excessively strong defensive reactions themselves entail, in their turn, the danger of shock, partly for physical reasons (overactivity of the adenosympathetic system and exhaustion of the hormonal system [62]), partly for psychological reasons (danger of loss of love). This vicious circle between the defense against shock and that against countershock might be characteristic of the deteriorating nature of psychotic processes.

The economic constellation of the early infantile phase, determined by a clash between an immature organism and the demands of the external and internal world, recurs in the second, the œdipal phase, which is characterized by the œdipal triad of primal scene, masturbation, and pavor nocturnus. In one of his last notes Freud wrote about infantile masturbation: 'Something is always lacking for full discharge . . . and this thing which is lacking, the reaction of orgasm, finds equivalent expression in other fields' (23). In the œdipal phase the sexually immature organism is overwhelmed by sexual excitations that cannot find discharge in an adequate reaction, i.e., in orgasm. The traumata which thus ensue from the œdipal constellation are represented in the pavor nocturnus attacks. These attacks are shocklike reactions caused by the breaking through, during

sleep, of sexual excitation that could be controlled and warded off during the day.

In conclusion, a few remarks may be offered to highlight the significance of these concepts in relation to problems of ego psychology upon which scientific investigation has become increasingly directed since the publication of Freud's *The Problem of Anxiety* (24, 35, 37).

The foregoing considerations concerning the process of self-regulation (homeostasis) imply the postulation, besides the pleasure principle, of another, more fundamental one which I would like to call the *relief principle*. Since any disturbance of the homeostasis is felt as tension on the psychic level, the tendency of the psychic apparatus to relieve tension is a function essential to survival. But ease of tension does not in itself necessarily produce the sensation of pleasure, as was already acknowledged by Freud. The relief of thirst through intravenous injection of appropriate liquids eases tension without causing pleasure. Immediate pleasure ensues when tension is relieved by contact with biologically predisposed areas of the body, or through the anticipation of such relief. The pleasure premium safeguards survival; the erotogenic zones, situated at points important for biological functions, are designed to ensure the vital functions of nutrition, evacuation, and reproduction. The exigency of the gratification of needs is, therefore, most often experienced in terms of the pleasure principle. The task of the relief principle—namely, 'to obtain control of or to bind the excitation, not in opposition to the pleasure principle but independently of it and in part without regard to it' (21)—takes precedence over the pleasure principle. An investigation into the interaction of pleasure principle and relief principle would help to clarify important psychoanalytic problems; for example, the interaction between aggressive and libidinal trends.⁵

⁵ The important phenomenon of the libidinization of defense mechanisms, and the problem as to what extent it is due to the pleasure premium for organ function (organ pleasure—*Funktionslust*) or to other causes, cannot be discussed within the frame of this paper.

Mastery, the gradual substitution of directed actions for mere discharge reactions, is an important ego function in which the pleasure premium is only one determinant; the driving power is the urge to ward off shock to an ever greater extent (*relief principle*). Increasing mastery, which is a result of maturation, acts as a stimulus toward repetition of an action (learning). Mastery, besides its function to ward off shock, includes the psychically significant function of symbolic mastery of previously experienced traumata: reparatory mastery. The recall of traumatic experiences in the wake of an upsurge of sexual drives, the gratification of which once was connected with shock (oedipal shock), would constitute a serious disturbance in the anticipatory function of the ego. Besides other means of defense like repression, inhibition etc., there is an attempt for reparation, partly through denial, overcompensation, identification, etc., partly through belated symbolic mastery (repetition compulsion)—symptoms which in the adult indicate neurosis, i.e., the breaking through of the repressed. Mastery, a function of the ego which guarantees survival, and reparatory (symbolic) mastery, which guarantees the function of the ego, complement each other; both are in the service of the relief principle.

Human activity is characterized by the preponderance of anticipation, libidinal dependency, and by the urge for ever-growing mastery of reality, partly enacted realistically, as in the conquest of nature, technology, science; partly symbolically, as in religion, philosophy and, especially, in art. Thus it has its original basis in the specific characteristic of the human species: in the relative immaturity of the human organism at birth.

SUMMARY

Freud's definition of anxiety as a response to a traumatic event leads to closer examination of primary shock, a condition of severe organic disturbances caused by excessive psychic stimulation. Shock may result from inadequacy of the homeostatic response to stress (failure of shock defense). Anxiety is an anticipatory reproduction of the shock reaction (and its con-

generis) which is physiological in the postnatal period (oral shock). The economic constellation of this phase recurs in the œdipal phase and leads to œdipal shock represented in pavor nocturnus. Anxiety, rage, and repression are anticipatory defenses against annihilation through shock. The anticipatory process seems to provide the rationale for the relation between body and mind. The functions of the ego (the executive of the relief principle) are discussed, as well as problems of neurosis and psychosis.

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ILLUSIONS, NAÏVE OR CONTROLLED

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Illusions are deceptions of the senses or of the mind. Either perceptions are interpreted falsely, or something is added to reality or subtracted from it by fantasy, or unfounded notions or hopes about a person, a situation, or the future are established. That illusions can be corrected by evidence or persuasion distinguishes them from hallucinations and delusions.

This study of illusions began twenty years ago with an interest in appersonation.¹ If one holds a cane and taps, one feels the hardness or softness of the ground at the distal end. In the use of artificial dentures, one projects his sensations to the surface of the dentures; when one is riding a horse or in a motor-car, the limits of the vehicle become illusory boundaries of the ego. Appersonation is a good example for demonstrating the transition from illusions which deceive the senses to illusions which deceive the mind. If another car touches the rear of one's car, one has the sensation of having been touched oneself. If a singer is engaged to entertain one's guests and is derided, one's pride is hurt as if one were personally humiliated. The singer is an extension of one's person, and praise or criticism affects both the host and the performer.

Why are there such illusions which do not add to the perception of reality, but only blur and complicate it? The need for such illusions can be traced to the child's desire to be bigger. To include in its own person its apparel, the house, the car, the family, and the nation gratifies the childish narcissism.

It seems useful to differentiate between naïve illusions and controlled illusions. An illusion is naïve if the deception either of the senses or of the mind is complete and not contradicted. If, however, the illusion is entertained only to a limited

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¹ Sperling, Otto: *On Appersonation*. Int. J. Ps., XXV, 1944, p. 128.

degree and for a limited time, and the ability to recognize that it is an illusion is retained, the illusion is what I would like to term a controlled illusion.

A mother observing her child to be frightened by a movie will tell him that what he sees is only a story, and in this way help replace a naïve illusion by a controlled one. Similarly, the adult spectator will limit the affect of the illusion by telling himself—when his emotional involvement transgresses a pre-determined level—that it is not real, but only lights and shadows projected on a screen.

The inability to establish an illusion is a symptom observed in many cases. Among a group, for instance, one adolescent who was taken to the theater, when asked what he thought of the play, said that one window in the set did not close properly. His pleasure was disturbed by the rattling of this window, while the others had covered this imperfection of the set with their negative illusions. Many people deprive themselves of the enjoyment of opera or ballet by their inability to accept the illusion of people singing or dancing instead of speaking. These individuals have a kind of 'frigidity' or 'impotence' for enjoyment of the arts or music or the beauties of nature. The impoverishment of the ego in these cases is, among other things, expressed by an inability to form illusions.

Clinically, a most important illusion is the young mother's belief that her baby is beautiful. Objectively, a newborn baby is not beautiful. Some people like the baby, some do not; still it is an old custom that friends visiting the young mother burst into enthusiasm about the beauty of the baby, as if that were a conventional way of suggesting to the mother that she may permit herself the controlled illusion that her baby is beautiful. The mother's love is necessary for the child. To have a child and to care for it is an instinctual drive. Why is it also necessary for the mother to have the illusion that the baby is beautiful?

In one case observed clinically, a mother could not develop this illusion. Even before she saw it, she was disappointed

that the child weighed only six and a half pounds and was blond like her husband, and not dark as she was. When the child was shown to her, she saw wrinkles, hardness and tension in the baby's face. She noted that its fists were clenched. It looked small and emaciated. She had always been enthusiastic about big things—big apples, large grapes, tall men with big Adam's apples. She recalls having an intense aversion to babies from the time she was six years old, when a cousin was born prematurely, weighing two and a half pounds. This baby nauseated her.

This mother had been an unusually beautiful child and, at the age of four, she had had an opportunity to become a movie actress, but her father withheld his consent. This became for her an interdiction against indulging in fantasies, and she lost all interest in daydreaming, in fairy tales or myths. Only in her teens did she tell lies, namely, that her father was very wealthy and that her mother had been to college.

This patient gave her child conscientious physical care, but only a pseudo affection. From infancy a mutual irritability and hatred were established, which developed into open sadism and malicious joy on the part of the child, and failed to conceal disgust and occasional outbursts of rage on the part of the mother.

While she had been able to transfer the wish for a penis to the asexual category of big objects, she was not able, like other women, to make the next step of transferring this wish to the child. This was due to a number of factors, but her inhibition to indulge in illusions, as expressed in the disinterest for fairy tales, and in the triteness of her lies during adolescence, in my opinion, contributed to this difficulty.

The attitude of psychoanalysis toward religion has been the subject of much discussion.² Little attention, however, has been given in the literature to the differentiation between naïve and controlled religious illusions. Many patients who seek psychoanalysis have controlled illusions about religion.

² Freud: *The Future of an Illusion*. London: Hogarth Press, 1928.

Profound faith is rare in my experience. A knowledge of scientific truisms accords well with occasional indulgence in religious feelings, that is, feelings of confidence and love for a Father in heaven, enjoyment of religious ceremonies and music, and identification with a group of worshipers. Especially in smaller communities, where attendance at church services on Sunday is socially essential, religion is more a matter of social adjustment than of faith.

Naïve illusions have become the subject of psychoanalytic therapy, either because they exist or because they have broken down. In religion the naïve illusions may lead to excessive deprivations, rigidity, asceticism, guilt feelings, martyrdom. If the illusion cannot be sustained, the psychological trauma often leads to general depression and disillusionment, or to collapse of the whole moral system.

A ten-year-old boy was brought for psychoanalysis because of 'religious delusions'. His parents were conservative, moderately religious Jews, who had sent the boy to a parochial school. At about the age of ten, partly under the influence of one of his teachers, he became fanatically religious. He preached in class like the prophet Jeremiah, upbraiding the teachers and the students for their sins and their lack of faith. He called his parents hypocrites and pleaded with them to correct their way of life. He believed he had an immediate personal relationship with God, and that by the study of the Bible he had found the only true standard of values. He neglected his studies because he felt he had to concentrate on his higher calling. In contrast to this higher calling, he was indifferent to his parents' unhappiness and his failure in school; nor did it prevent outbreaks of rage, for instance, chasing his brother through the streets with a broomstick.

In the beginning he felt great contempt for me as a heathen. In the course of his treatment, superego anxiety about relinquishing his illusions was prevented by his identification with the psychoanalyst. He gave up his ambition to become a prophet and became instead a successful student. He estab-

lished controlled illusions about religion, attended services, but did not relapse, even in adulthood, into fanatic religious fervor.

A comparable case was a twenty-year-old Nazi, who sought psychoanalysis for the cure of impotence. He felt that his parents, who were Social Democrats, misunderstood the trend of the times. Two years before, he had discovered his real calling by reading some Nazi literature, became a member of the Party, and kept a gun for the day when the blood of the Jews would run in the streets, or for himself if need be. He felt spiritually created, not by God, but by the Party which had provided him with friends to whom he felt closer than his parents, and which had given him standards of morality and a purpose in life. His puny efforts thus acquired dignity and meaning as a part of a higher purpose. He had decided to devote his life to the service of the German race, a service which might call for the supreme sacrifice; but if he were to die, it would be for the German race, which was immortal, and the results of his sacrifice would become incorporated in this immortality.

Both the boy and this man had achieved a high degree of 'integration' of a kind.³ They were at peace with themselves, and felt that they were fully in accord with that part of their environment which was important to them. Both reacted to their repressed passive feminine homosexuality by an over-compensatory rebellion against the father and his generation. The passive homosexual and feminine striving (submission to God or to the Leader) were offset by their narcissistic masculine exhibitionism. The naïve illusion of the absoluteness of their values was their main defense and so became the focal point of the psychoanalytic therapy.

Another naïve illusion which often becomes the object of psychoanalytic therapy is that of love. This object-libidinal cathexis is accompanied by a number of such illusions as that

³ Brierley, Marjorie: *Notes on Psychoanalysis and Integrative Living*. Int. J. Psa., XXVIII, 1947, p. 58.

the beloved person is unique and irreplaceable, that the relationship will last forever at the same emotional pitch, that there can be no room for the love of another person, and that this love is free of any trace of hostility. Often there is the illusion of absolute faithfulness and loyalty on the part of the other person. A breakdown of these illusions can lead not only to homicide or suicide, but more often to an inability to fall in love again. On the other hand, those for whom marriage is a routine affair of mutual service and comforts, without any illusions, feel clearly a deficiency in themselves and the relationship, and envy those who are able to experience romantic love.

In my experience, those persons seem best able to enjoy love and life and avoid the catastrophes of disillusionment who are able to permit themselves illusions of a controlled kind. The line, *'Bei mir bist du schön'*,⁴ from a popular song of a few years ago, is a good example of controlled illusion. The naïve illusion would have the formulation, 'You are beautiful', intended as an absolute value, which it is taken for granted everyone shares. In modifying the statement, 'You are beautiful' by the qualifying phrase, 'as far as I am concerned', one chooses the precarious balance of controlled illusion rather than the fallacious security of the naïve illusion of absolute value.

In *The Iceman Cometh*, O'Neill gave expression to the human need for illusions. His solution, a return to naïve illusions, is, in my opinion, not feasible. The pain of disillusionment is so poignant that people cannot easily recapture the illusion. Either they become addicts of a new pipe dream, or they take up the old illusion in a more sophisticated form, not as a naïve illusion.

During the first World War, the illusion of fighting for democracy, of fighting a war to end all wars, played an important part in the morale of the American Army. The post-war disillusionment led to considerable difficulties in the establishment of military morale in the second World War. Once the illusion had been destroyed, it was difficult to re-establish it. For many citizens and soldiers the war was just

⁴ Lyrics by Sholem Secunda, Jacob Jacobson, Sammi Cahn, Sol Chaplin.

an unpleasant business that they had to get over with. Independent of the importance of this disillusionment from a military point of view, it deprived many individuals of the beauty and dignity of their war experiences; they were not comforted by the illusion of the Romans, *Pulchrum et decorum est pro patria mori* (It is dignified and beautiful to die for one's country). The best morale in war seems to depend on the controlled illusions that one's country is a loving and nourishing mother that has to be loved and defended, that she is better than other countries, that her cause is just, her intentions noble, that one's own people are superior to the enemy in either intelligence, ability, equipment, leadership, institutions, or beliefs.⁵ The typical naïve illusion of being protected by magic, i.e., a Bible or a rabbit's foot, is more dangerous than beneficial because its failure leads to the pessimistic expectation, 'My number is up'.

An almost unbelievable illusion is the frequently held belief that the diagnosis of an incurable disease is incorrect or that a cure is sure to be found. Experienced physicians are not exempt, in some instances misinterpreting symptoms of ominous portent as psychogenic.

Illusions play an important part in group activities. If joining a club or a party is not dictated by pressure, or motives of power or advantage, it is an act of love rationalized and accompanied by illusions that the leader and the members of the group are interesting and lovable. Members or policies of which the individual does not approve are ignored; thus is it possible to have political parties whose members have completely divergent ideologies. Naïve illusions characterize the blind followers; controlled illusions play a part in the so often deplored unreliability of mass favor. Another controlled illusion, which plays a part in mass psychology, is connected with appersonation. By an illusionary widening of the boundaries of the ego, the bigness of the group, the party, the nation, contributes to the narcissistic gratification of the members of the group.

⁵ Sperling, Otto E.: *The Interpretation of the Trauma as a Command*. This QUARTERLY, XIX, 1950, pp. 352-370.

Illusions play an especially important part in axiology, that discipline of philosophy which is the science of values. Aristotle,⁶ the Stoics, and a number of philosophers after them were satisfied with the statement that value depends on the ability to satisfy physical and mental needs. But a number of philosophers, starting with Plato, felt that in addition to this subjective value there must be some absolute basic values which were universal. Plato saw in the ideas of the good, the true, and the beautiful, the highest values.⁷ Kant felt that all values are subordinated to the ethical will.⁸ Nietzsche measured values according to their ability to gratify the will for power.⁹ Rudolph Goldscheid believed that only that has true value which serves the development of the individual and society.¹⁰ For Munsterberg, true value was determined by the demand for an objective, unified reality, something roughly analogous to the psychoanalytic concept of object libido.¹¹ Somlo saw only one absolute value—truth.¹² Kreibig tried to solve the problem by the creation of the fiction of an ideal subject: an objective value would be that which is deemed valuable by the judgment of this ideal subject.¹³ Jodl, Messer, and others recognized that there are values only in relation to the subject, and no absolute values.¹⁴

Schilder warns us to leave the task of finding the essence and meaning of values to the philosopher,¹⁵ but Flugel believes

⁶ Aristotle: *Nicomachean Ethics*. V, 8.

⁷ Plato: *Der Staat*. Munich: George Muller Verlag, 1918, V, p. 222.

⁸ Kant, Immanuel: *Grundlegung zur Metaphysik der Sitten*. Leipzig: Inselverlag, 1920, Chapt. 2.

⁹ Nietzsche, Friedrich Wilhelm: *Umwertung aller Werte*. Leipzig: Alfred Kröner Verlag, 1910, I, p. 15.

¹⁰ Goldscheid, Rudolph: *Entwicklungs Werttheorie*. Leipzig: W. Klinkhardt, 1908, p. 8.

¹¹ Munsterberg, Hugo: *Philosophie der Werte*. Leipzig: J. A. Barth, 1908, p. 8.

¹² Somlo, F.: *Das Wertproblem*. Ztschr. f. Philosophie, CXLV, 1912.

¹³ Kreibig, Josef Klemens: *Psychologische Grundlegung eines Systemes der Werttheorie*. Vienna: A. Holder, 1902, p. 3.

¹⁴ Jodl, Friedrich: *Lehrbuch der Psychologie*. Stuttgart, Berlin: J. G. Gotta'sche Buchhandlung Nachfolger, 1909, II, p. 459. Messer, A.: *Einführung in die Erkenntnistheorie*. Leipzig: Dürr, 1909, p. 139.

¹⁵ Schilder, Paul: *Medizinische Psychologie*. Berlin: Julius Springer, 1924, p. 274.

there are absolute values in truth, goodness, and beauty, and in Man, Morals and Society he pleads convincingly that psychology should not refrain from the study of values (p. 11, ff.). Marjorie Brierley sees in integration the highest value.¹⁶ On the other hand, H. D. Jennings White has clearly pointed out the dependence of individual intrinsic values upon the particular course taken by the mental development of the individual.¹⁷

I agree with Jodl that there are no absolute values. The individual derives his intrinsic values from the id and from the superego. Food, clothing, a house, a wife, children are valuable because they satisfy instinctual needs. Beauty, truth, order, cleanliness, justice, holiness are values in so far as they satisfy demands of the superego. Characteristic of the operations of the ego are those values that serve as a means to an end, as work, schooling, money. When the superego is substituted by a leader, intrinsic values are determined by the leader. In so far as traditions and social institutions are integrated in the superego, there are a great number of similarities in the system of values of people of similar origin. But the demands of the environment have first to undergo a process of interpretation before they become integrated in the superego. Thus individual experiences and individual instinct constellations account for the varieties of value systems, even among siblings. Still, the striving for absolute values, for 'that realm that is beyond subject and object', as Rickert formulated it,¹⁸ is a psychological fact of considerable importance. Apparently, it is not enough for the individual to have his individual system of values; he has to have the illusion that his system is the right one. He needs the illusion that the value was discovered by him, and not awarded.

In bringing up children it seems necessary for most parents to emphasize the absoluteness of their values. If these parents

¹⁶ Brierley, Marjorie: *Op. cit.*

¹⁷ White, H. D. Jennings: *Goals of Life*. Ashingdon Rockford, Essex, England: C. W. Daniel Co., 1939.

¹⁸ Rickert, Heinrich: *Die Grenzen der naturwissenschaftliche Begriffsbildung*. Second Edition, Freiburg: J. C. B. Mohr, 1913.

are immigrants and their children are confronted with a very different system of values in school, a difficult situation arises for them. Either the paternal values are discarded and are not replaced by new ones (some cases of delinquency), or the acceptance of the new values leads to a continuous conflict with parental authority, which sometimes leads to psychoneurosis. In other instances, controlled illusions about the local value of both systems are established: 'When they are at Rome, they do there as they see done'.

The traumatic experiences of the war and of concentration camps often led to a breakdown of former systems of values and to the adoption of some of the values of the enemy. Thus some of the survivors of German concentration camps, whom I had the occasion to analyze, had established the Nazi ideology as an unconscious, parasitic superego.

The scientist who emphasizes that he keeps aloof from values is still not free of them. Not only is the pursuit of research an expression of his high evaluation of knowledge, but in the application of his science, whether for mental health or for the good of the nation or for whatever it might be, he follows his value system. It is important, however, that the scientist retain an awareness of his values, in other words, a controlled illusion about their absoluteness.

To hear accounts of the discovery of absolute values reminds one of explorers reporting on their exploits—with the same expectation of applause and admiration. The illusion of absoluteness is used for the gratification of one's exhibitionism. One patient, not satisfied with having a wife whom he regarded as beautiful, so far succeeded in convincing his friends of her value that one of them eloped with her.¹⁹

This example, I think, is typical of the psychoanalytic meaning of many of these illusions. While the main motive finds its gratification in an action, other partial instincts find, at the same time, a gratification in the accompanying illusions. Waelder has shown how partial instincts play a part in over-

¹⁹ Friedrich Hebbel, in his play *Gyges and His Ring*, recognized the exhibitionism in the human desire to regard as valuable only what has absolute value.

determination.²⁰ What I want to show is that they are not only active as overdetermination, but that they surround the sober process of instinct gratification with a halo of illusions. In this way an experience gains in richness and in color. As a matter of fact, I doubt whether rich and colorful experience is possible without illusions. There are many who will doubt the value of this halo of illusions. In music it may be pleasanter to the ear to hear a tone with certain overtones instead of a pure tone. But why should this apply to experiences in other fields? Without making a special plea for illusions, they exist for everyone to observe. In our society in which people cannot harbor naïve illusions without getting traumatic disillusionments at every turn, controlled illusions are a relatively safe compromise between the reality principle and the pleasure principle. Nietzsche thinks that illusions are necessary and warns: '... whoever destroys illusions for himself or for others will be punished by nature as the cruelest tyrant'.²¹ Controlled illusions correspond in the emotional sphere to the fictions of science or philosophy in the sphere of thinking. Vaihinger showed that these fictions are purposeful deviations from truth, for a limited time, in order finally to get nearer to the truth, e.g., in geometry, the fiction of the point, of the line; in law, the fiction of freedom of action; in philosophy, Kant's fiction of the realm of purposes, etc.²²

Elsewhere I described a 'crowding of emotions' as a specific tendency of the life instinct to dramatize life with happiness and despair, and to concentrate as much pleasure as possible in a short time.²³ Illusions supplement instinctual gratification in the crowding of emotions as an expression of the tendency of the life instinct toward the intensification of pleasure.

²⁰ Waelder, Robert: *The Principle of Multiple Function*. This QUARTERLY, V, 1936, pp. 45-62.

²¹ Nietzsche, Friedrich Wilhelm: *Die Geburt der Tragödie*. Leipzig: Alfred Kröner Verlag, 1917, p. 340.

²² Vaihinger, Hans: *The Philosophy of As If*. Trans. by C. K. Ogden. New York: Harcourt, Brace & Co., 1924.

²³ Sperling, Otto E.: *On the Mechanisms of Spacing and Crowding Emotions*. Int. J. Ps., XXIX, 1948, pp. 232-235.

PSYCHOANALYSIS AND BRIEF PSYCHOTHERAPY

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The term 'brief psychotherapy' is used in preference to 'psychotherapy'—which has the support of wide current usage—because the latter ignores the historical fact that psychoanalysis is a special and relatively new branch of psychotherapy. The adjective 'psychoanalytic' has merit, but facilitates the blurring of distinctions. The adjective 'nonanalytic' sharpens the distinction from psychoanalysis but gives a negative inferential place, if any, to the psychoanalytic rationale, from the analyst's viewpoint, that any psychotherapeutic technique may have. While the actual brevity of psychotherapy is highly variable, the qualification connotes the effort to meet the current tremendous need and demand for treatment, and the consequent prevailing tendency in research, i.e., toward diminution of the total time involved in treatment.

Psychoanalysis, as is any science, is full of unsolved problems (25, 41). However, it is a relatively well-defined and systematized procedure, compared to this large and chaotic field, ranging from simple suggestion to the procedure most usually referred to as 'psychotherapy', which bears a superficial resemblance to psychoanalysis but which, because of the inclusion of important variables, is very poorly defined, highly unpredictable, and exceedingly difficult to evaluate. The only exception to this general characterization lies in those few instances where the trained analyst treats a patient at long but regular intervals, and follows sound and well-defined psychoanalytic precepts in his general management of the case. Here, there is only one important immediately discernible variable, the infrequency

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of the visits. The analyst may, from terminological scruples of his own, prefer to distinguish this work from 'regular psychoanalysis', a borderline distinction which may indeed be importantly justified, in the sense that we cannot assume a priori that the infrequency of visits does not change the basic relationship and certain modalities of its expression.

The actual functional distinction between psychoanalysis and brief psychotherapy is, of course, really in doubt only in the area where there are certain resemblances; but it is precisely in this area that it is most important that the distinction be maintained. The tendency to dissolve the distinction has been strongly manifested in the contributions of the Chicago Institute for Psychoanalysis in the last several years (3, 37, 42, 43, 44). In Alexander's last book (2), however, the question is only briefly mentioned as a 'matter of definition'. I should like to affirm the importance of the definition and distinction, and offer some reasons for their maintenance. For a long time 'psychoanalysis' was conceded a special meaning even by some of the more radical deviant groups (Jung and Adler, for instance), and by most nonanalytic psychiatrists. What then is the advantage or motive for diffusing or vitiating the meaning of an accepted and explicit scientific term?

A real issue is the basis for definition. There is no doubt that in Knight's recent classification of psychotherapy as either 'suppressive or supportive', or 'expressive or exploratory' (32), psychoanalysis, despite minimal admixtures of other techniques, belongs to the second group. However, this functional classification of separate technical maneuvers does not take into account the intricate and relatively constant configuration of techniques in psychoanalysis. In several contributions, Freud's statement of 1914 (15), 'Any line of investigation, no matter what its direction, which recognizes these two facts [transference and resistance] and takes them as the starting point of its work may call itself psychoanalysis, though it arrives at results other than my own', has been invoked for purposes of definition, although obvious assumed parenthetical extensions are sometimes recognized (13, 21, 32). If one accepts authoritative permission as

a basis for definition, one should also take into account the fact that Freud laid down elsewhere a considerable number of technical precepts for the practice of psychoanalysis, ranging from the basic rule to the number of hours per week that he treated patients. These were acknowledged by Freud to be incomplete; however, certain of the fundamental ones, such as the basic rule and the general tendency of the analyst's attitude were reiterated by him in 1938 (18). Regardless of one's objective judgment of their value, these precepts, interpreted with varying degrees of flexibility or rigidity, with occasional modifications or elaborations for special reasons, and the development of certain interpretative trends from ego and character analysis have continued to provide the broad outlines of technical procedure for most analysts. Since this conception of psychoanalysis has been so influential, a more important factor than the invoking of authority enters: the simple fact that this is what the word means to most of us as a technique, and that the great mass of psychoanalytic literature, except where known to be different by individual or group specification, may reasonably be assumed to be material acquired by this method. This has important methodological significance, for we must be aware of the relation of our data to our instrument, especially when we undertake to apply these data to other techniques which may involve highly influential variables. What I have in mind is whether clinically important dynamic phenomena such as transference, repression or other ego defenses, free association, and so forth, can be assumed to have the same character and meaning, or to be manipulable in the same way when important technical variables are introduced. Aside from transference and resistance, which are really powerful dynamic forces appearing in the psychoanalytic situation rather than maneuvers or deliberately planned conditions, one may list several important factors in the situation and technique from which scientific data have been derived, and on which specific technical variations have been built. These undoubtedly differ greatly in importance and constancy. Some are at times deliberately changed (Freud advocated certain

'flexibilities'), but they have great weight, as an ensemble, in the accumulation of our knowledge, and we are not in a position to speak with broad systematic certainty of the relative importance of each factor: 1, practically exclusive reliance during the hour on the patient's free associations for communication;¹ 2, regularity of the time, frequency, and duration of appointments, and a clearly defined financial agreement; 3, three to five appointments a week (originally six), with daily appointments the dominant tendency; 4, the recumbent position, in most instances, with some impediment to seeing the analyst directly; 5, confinement of the analyst's activity essentially to interpretation or other purely informative interventions such as reality testing, or an occasional question (36); 6, the analyst's emotional passivity and neutrality ('benevolent objectivity'), specifically abstention from gratifying the analysand's transference wishes; 7, abstention from advice or any other direct intervention or participation in the patient's daily life; 8, no immediate emphasis on curing symptoms, the procedure being guided largely by the patient's free associations from day to day. In a sense the analyst regards the whole scope of the patient's psychic life as his field of observation.

These several enumerated features of the psychoanalytic situation form a fairly constant and unique ensemble. It seems paradoxical but it is functionally true that, with the patient's conscious and continuing voluntary coöperation, a psychological relationship is achieved which is reminiscent of—although far from identical with—the self-abandonment of hypnosis. This relationship is certainly important in the special phenomenology of the psychoanalytic situation.

Whenever reassurance, persuasion, manipulation of the environment, active therapeutic interest or other deviations² are included in therapy to any large degree, we should assume

¹ On this point, Glover (24) was not satisfied with his inquiry. In any case, the fact that a majority 'permit relaxation' does not, in my view, diminish the general importance of the prevalent mode of communication in psychoanalytic therapy.

² Changes in form, such as active discussion instead of free association, sitting instead of lying, etc., are, in my view, of profound dynamic importance.

important alterations in the dynamics of the transference. While fully granting the primacy of understanding the patient, I would agree with the point of view expressed by Kubie (42) about the importance of technical variables, rather than with those who feel that the psychoanalytic understanding of a problem is all that is necessary, the variations of technique being left to art or intuition, or even to planning which underestimates these complexities. Lest it be thought that such scientific rigidity would be tantamount to inhibiting the practice of brief psychotherapy, it should be emphasized that these considerations are purely in the sphere of critical scientific evaluation of process and result—of research. That the practice of brief psychotherapy justifies itself seems self-evident. But the sequel to the practice should be critical differential scrutiny, not rationalization or procrustean oversimplification. In this connection, Knight's comment about the facility of recollecting successful cases, and forgetting the others (42), has an important general significance in the selection of case material for publication.

One may also view the distinction in a purely practical clinical sense. Psychoanalysis for some time has been the treatment of choice for the neuroses. From Freud onward, critical minds have been conservative about therapeutic results, and there has recently been a strong movement toward their careful evaluation, largely stimulated by Oberndorf (41). Freud always regarded the transference neuroses as the chief, if not exclusive, indication for psychoanalysis (17, 18), and were this indication adhered to, the therapeutic results of psychoanalysis might remain ground for enthusiasm. Driven by the stimulation of therapeutic success and the possession of the first rational and effective psychotherapeutic instrument, analysts have carried their work into the fields of severe character disorders, addictions, borderline conditions, even psychoses and frank somatic disorders. In many instances explicit modifications in technique have been proposed. Further advances or modifications of psychoanalysis may make certain of these extensions more secure; however, it is possible that the tide of

therapeutic optimism will recede in certain areas, leaving psychoanalysis closer to its original indications, and leaving large groups of illnesses to be better treated by techniques of 'brief psychotherapy', 'psychoanalytic psychiatry', or 'modified psychoanalysis' yet to be established. An opposite type of extension has also occurred in the treatment of relatively acute reactive neuroses, or mild neuroses where less extensive methods might be adequate or more appropriate. As precise clinical indications become established with current research, the maintenance of as clear-cut categories of therapy as possible will be highly advantageous. This advantage can be first consolidated in the one well-defined and well-organized technique that we know. Such clear-cut categories would have obvious advantages over regarding the whole field of psychotherapy as an undifferentiated mass of psychoanalytic pathology and technology, entirely flexible in its application in any combination to each case according to individual judgment. Such technical flexibility is inherent in psychoanalysis, but to substitute flexibility for a tested instrument or series of instruments, rather than to maintain flexibility as a desirable *quality* of an instrument, may mean little more than a well-rationalized wholesale return to the eclectic, semi-intuitive so-called psychoanalytic psychotherapy which many or most of us practiced before we became psychoanalysts.

Another reason for the maintenance of a basic distinction is based on scientific necessity. If psychoanalysis as such is the source of all important knowledge and understanding in psychotherapy, we must keep the method alive to deepen and extend that knowledge; furthermore, maintenance of the distinction between psychoanalysis and other therapeutic techniques can provide mutual clinical controls, and a possible profitable scientific exchange. Bandler's suggestion that psychoanalysis and other methods be tested clinically with the same types of cases is a relevant example (41).

A final requirement for the maintenance of the basic distinction is that of training. Unless one rejects the whole principle

of the personal preparatory analysis, it seems self-evident that this work must be thorough and deep in the 'classical' sense.

Among students in training and practicing psychoanalysts, brief psychotherapy is employed usually with diminishing frequency and interest in proportion to experience. Some analysts, however, have for many years been specially interested in the application of psychoanalysis to brief psychotherapy, whether in hospitals or private practice, and feel some surprise to find it regarded as a new field of interest (11). In hospital practice brief therapy is often regarded as imposed by necessity rather than as a technique of special scientific interest.

Except by the interested minority, this work is usually accorded a general position of inferiority. The lack of rules and boundaries gives rise to a situation in which either a sense of gratification or of frustration, or both, may participate. In general, among younger physicians the free intuitive play with psychoanalytic concepts, neglect of the analysis of resistance and specific ego defenses are frequent. On the other hand, among students in training one frequently hears the complaint that the therapist does not understand what has happened to his patient; and I have heard this complaint just as frequently when the patient has shown striking improvement. That physicians from the vantage point of psychoanalytic experience can more safely and effectively give play to intuition in atypical psychotherapeutic situations would, I think, be generally conceded because discipline and training seem to enrich the effectiveness of creative and intuitive tendencies in almost any science or art. It is not the purpose of these observations to depreciate the importance of intuition in such a complex relationship as psychotherapy (34); rather, the aim is to further the generally accepted principle of extension of the sphere of secure scientific knowledge as a necessary framework, and with a special view to teaching. One may think of a continuum from the free play of human relationships in which there is no conscious psychotherapeutic intention—but which obviously play an enormously important psychotherapeutic role in the lives of relatively

normal people—to the objective and precise relation between the surgeon and his patient, which Freud idealized. The well-defined psychoanalytic technique and brief psychotherapy are both far from either pole, and yet definitely removed from one another in these opposite directions. However, respect for the enormous but uncontrolled potentialities of brief psychotherapy is entirely compatible with the effort to maintain intellectual precision and objectivity, and the striving for a working synthesis.

Established analysts, who could most safely and productively allow their intuitive technical tendencies free play, seldom practice brief psychotherapy; instead, they refer patients unsuitable for classical analysis to students in training. Much more difficult for the student is his patient who needs and wants psychoanalysis, which the physician believes to be the treatment of choice. The only subject about which he has any systematic knowledge is psychoanalysis, and he thinks of his patients along psychoanalytic lines. For these reasons it would seem logical that psychiatrists be permitted to practice psychoanalysis during the period of training in psychoanalysis, as a general practitioner may practice surgery without claiming thorough training or the status of specialist. A physician should not be forced to disavow what he knows; nor should he be forced to absurd ritualistic denials of what he is doing; nor should he be forced to free himself of a discipline before he has mastered it. As brief psychotherapy is not a definite technique, it is logically a subject for advanced study and research, or practice by experienced therapists.

Although interest in the application of psychoanalysis to other forms of psychotherapy is by no means new (16, 7, 26), it was only during World War II that this assumed the proportions of a movement. The Chicago Institute for Psychoanalysis greatly stimulated interest in this direction, through the work of some of its most experienced members, through conferences and extensive publication. Some pointed criticism of this work appears in one of the Institute's own publications (44), in the discussion of two case reports. To this may be added Ernest

Jones's comments (29). With the exception of Grotjahn's presentation in the Proceedings of the Brief Psychotherapy Council in 1942 (42), and certain individual experiences recorded in the Proceedings of the Second Council in 1944 (43), I do not find any important efforts to give quantitative evaluations of effectiveness or noneffectiveness of brief therapies;³ certainly there is minimal effort to demonstrate failures or errors in methods, the same being true of the scrutiny of clinical decisions inevitably made under pressure. That the selection of 'successful' material characterizes such reports in general has been mentioned; however, one expects more from a large-scale group effort.

The general, persisting prejudice against the importance of the infantile neurosis in human psychological development makes such formulations as the adult 'corrective experience' in the transference eagerly acceptable. While this may well be a factor in therapy that deserves emphasis, it cannot replace, in psychoanalysis, the reconstruction of the infantile neurosis—as recognized even by Ferenczi and Rank (14), who are credited with the inspiration for Alexander's later work. In such techniques there is a misleading appearance of facility in controlling powerful dynamic forces, best exemplified in the impression given that the transference can not only be distributed almost at will, but can be controlled in intensity by the frequency of visits.

In conceiving of a system of brief psychotherapy, based on psychoanalysis, to meet the increasing demand one has to consider that it must be suitable for all economic and intellectual levels, ages, physical conditions, religious affiliations, and so forth. It is unlikely that the 'bottleneck' of outpatient psychiatric care will ever be materially reduced so long as the principal type of psychotherapy employed is that which imitates analysis, including its sense of 'timelessness'. It is probable that to provide psychotherapy for all classes, a re-evaluation of the potentialities of all psychotherapeutic methods for their maximum and

³ The term 'brief psychotherapy' was abandoned by the Chicago group after the Second Council.

most efficient exploitation should be made. The interest of psychoanalytic writers in 'primitive' methods (1, 12, 28) should be extended into objective research. Some of Masserman's experimental work touches on these subjects (42). Hypnoanalysis and narcoanalysis have their own literature. Occasionally drugs by mouth are utilized to facilitate psychotherapy (4). Pedagogical therapy was a relatively early development (46). Group therapy is a technique of increasing interest. However, the simple matter of consultation and advice has received little systematic attention among analysts. It does seem odd that the psychotherapists who rarely or never give advice are those who best understand human personality. This does not mean making critical, highly personal decisions for the patient, but it is not impossible that circumspect advice, kept within the bounds of special medical competence, may accomplish more through the influence of the transference than the provocation of relatively benign substitution neuroses (13, 23). This method is mentioned by Levine (35). A field of which Freud has dreamed (18), that is the direct influence of chemical substances on the psychic apparatus, may conceivably come to life in our time, from the direction of endocrine research, in the sense of influencing libidinal and destructive attitudes. The problem here would be the integration in psychotherapy from a dynamic rather than a symptomatic point of view. Regardless of the technique, it seems a matter of fairly general agreement among psychoanalysts (3, 6, 11, 20, 22, 26, 31, 39, 42) that a dynamic, sometimes genetic interpretation of the personality in psychoanalytic terms is an essential prerequisite to any rational psychotherapy. From my own point of view, this must be evaluated in connection with a broader estimate of the patient's intrinsic and situational resources and liabilities. In general, broad dynamic elements are more reliably estimated and more immediately useful than preliminary genetic reconstructions.

The indications for psychoanalysis given, for instance, by Fenichel (13) must yield to a brief psychotherapy the great numbers of patients who because of limitations of money or time cannot be analyzed. Others, for whom preferential indi-

cations have been advanced by various writers (3, 6, 7, 11, 13, 20, 21, 26, 31, 42), including this writer, fall broadly into the following categories: 1, people who are so sick mentally, or whose situation in life is so unpropitious, that the effort toward extensive revision of the personality is not justified, or might even lead to greater difficulties; 2, those whose illness is so slight that radical and lengthy procedures are not justified; 3, acute reactive disorders in those who have given evidence of healthy adaptation under reasonable circumstances, exacerbations of mild disorders, fulminating conditions, incipient conditions in general; 4, transitional states as, for instance, the readaptation to civilian life of some veterans, or certain problems of adolescence; 5, preparatory preanalytic therapy for borderline patients or psychotics, follow-up treatment for certain unresponsive patients who have had long or multiple analyses; 6, more specific indications, mentioned by individual writers, as certain masochistic marital problems, monosymptomatic impotence, 'psychosomatic' illnesses, certain mild chronic neuroses, certain schizoid personalities; 7, a high degree of secondary gain is mentioned by a few writers as a contraindication (6, 20, 21, 42), whereas a slight degree is believed a conceivable avenue of approach to a patient.

An initially modest project begun at the New York Psychoanalytic Institute is expected to require several years before yielding any tangible findings worth presenting. A study group, consisting of members of the Institute and a few advanced students, see patients once a week as a basic frequency. Treatment is carried out according to the convictions of the individual physicians, derived from previous training, experience, and temperamental variations. The case load is minimal. The essential feature is detailed retrospective self-observation as to specific technical maneuvers and the immediate and long-term responses of the patients, with careful recording. The observation of technique ranges from initial total plan to the exact wording and timing of interpretations, suggestions, or whatever other methods were used. The recording of responses ranges from the general therapeutic response through immediate

details of response and relevant peculiarities of resistance or transference. A few examples of the many questions we should like to ask about a given case would be: Were ego defenses, character reactions, resistances, systematically analyzed? Were 'deep' interpretations made early without analysis of resistances? What were the responses? Were manifest transference reactions discerned? Were they discerned in acting out, dreams, or symptoms? How were they handled? Were free associations used exclusively or partially, alternating with what other forms of communication? What was the basis for change of communication, if known? What special responses could be observed? Could any impact on transference or resistance of isolated or mixed noninterpretative techniques be observed or reasonably inferred, in specific instances, or in summation, for example, with suggestion, reassurance, advice, persuasion, etc.? Do the long intervals and the generally different expectation create discernible differences in the character of productions, in the evolution and manifestation of transference and resistance? A detailed uniform scheme of study is now in preparation.

Like many other questions, these are not easily answered, and even if confidently answered, we have no control treatment for the same patient (41, 44). The intangible elements of the personal equation and especially hidden countertransferences are exceedingly difficult to evaluate. Aside from the wish to allow each physician to treat his patient to the best of his ability, it is felt that the evaluation of subtle and uncharted problems of psychotherapy lies in testing various personal techniques. Possibly, as time goes on, and with an increment of personnel with special technical preferences, some controlled experiments will spontaneously evolve. No one, for example, has shown any interest in using rational persuasion as a basic technique while studying the patient's dreams and other unconscious responses. In the conferences there is thorough review and discussion of cases and, naturally, a certain amount of teaching, supervision, and mutual influence. Except where convictions about grave clinical issues are involved, there is minimal authoritative pressure on the therapeutic spontaneity

of the physicians. The important thing is to learn from what has been done and its results, and to test these wherever possible against the preliminary rationale and expectations.

One preliminary observation that emerges is the remarkable variety of therapeutic approaches to patients among physicians with a few to several years of psychoanalytic training: one actively engages the patient's attention to himself and the therapeutic relationship by leading questions and by prompt interpretations of the transference; another proceeds very much as in analysis; another proceeds vigorously with id interpretations with or without transference emphasis; a third gives a great deal of advice about the conduct of life, but minimal interpretation except of a general didactic nature; and so forth. While most physicians of some years of analytic experience have certain tendencies in common, usually conservative, the results of other techniques, conscientiously recorded, must be highly instructive. Who knows that the 'wrong thing to do' may not prove to have a special indication? And what several meanings may an interpretation or a trend of interpretations have for a patient, aside from the actual or intended function of making him aware of something about himself?

My own practice of brief interpretative psychotherapy includes the possible applicability in certain cases of almost any technique I have heard described. What follows are the principles I find most often effective, a precipitate from positive and negative observations of my own and others' work over several years.

One must depend on one's initial interpretation of the entire case more than is necessary in psychoanalysis. As with the working diagnosis of general medicine, it is important to decide which of the patient's dynamic problems are crucial, those whose alteration is most likely to affect the dynamics of his personality and illness, and to act on that selection. One should avoid interfering with the patient's way of life unless it is unequivocally pathological, and avoid stirring up superfluous conflicts or interfering with useful defenses. With the tendency to localize the therapeutic effort, an atmosphere of

temporariness and limitation of the relationship may usefully be communicated to the patient. The interviews center around the patient's actual personal relationships and events of his daily life. Observations are made by the analyst on the general dynamic role of the illness within this system and occasional interpretations given. This does not mean an emphasis on symptom analysis as such, nor does it resemble the 'associative anamnesis' of Deutsch (9, 10), except possibly in the relative localization of the effort.

The patient is encouraged to express himself spontaneously and without reservation; however, the interviews are definitely guided or influenced, largely by questions. Free association (literal sense) is prescribed in special situations, for instance, in studying dreams. The patient usually sits facing the therapist, a feature emphasized by several writers. This is one of the several factors which minimize the tension between reality and the patient's fantasy life, a tension which Hartmann regards as characteristic of the psychoanalytic situation, and which may be one of the factors involved in the distinctive character of the transference neurosis in psychoanalysis.

The general trend of interpretation is determined by the relevant and convincing character of material and the patient's state of compliant or negative transference. The tendency is always to keep interest centered on large and decisive dynamic issues rather than details of fantasy, and in close relation to immediate realities. Interpretations are made, as far as possible, in the patient's own idiom—or a reasonable compromise between it and the therapist's natural mode of expression. There is an effort to integrate in single simple communications material involving levels of varying psychic depth and different psychic structures, resolving contradictions and antagonisms, exploiting to a maximum the areas of overlapping in clarifying the patient's problems. In so far as the psychic apparatus is dealt with as a closely integrated system and not revealed in layers as in psychoanalysis, one may theorize tentatively that certain simpler resistances may be avoided, perhaps minimized, in this approach. It is interpretations of the id, the primary

process, the infantile neurosis, that provide the greatest challenge. Here the therapist must exert his maximum skill, reconstructing in his own mind what is going on in the patient's unconscious, translating it into everyday language and incorporating it in the synthesis mentioned. Similar techniques, I am sure, are practiced by many therapists who have not formulated their work in this way.

It may be argued that such a method can make no lasting change in the structure of a patient's personality. Only prolonged observation can settle the matter. Resistances vary in permeability among individuals and under differing conditions, for instance, between relatively 'normal' individuals and those with severe neuroses, in the spontaneous exchanges of everyday life, or in the controlled exploratory situation of psychoanalysis. The varied phenomenology of everyday life, with its precipitations of illness and its vehicles of self-cure, testifies to the potential continuum of human personality from its outermost layers to its depths.

Glover's incidental remark, 'It is obvious that many people cure themselves through their unconscious human contacts' (25), was made in relation to Strachey's conception of psychoanalytic cure by the introjection of good objects in the transference. Also relevant is Nunberg's stress on the constant pressure of the repetition compulsion, contemporaneous with the tendency of the ego to extend its boundaries in alliance with the therapist in the positive transference (25). The integrative interpretative communication may here act as a temporary bridge over a narrowing chasm. From the observation of side effects of certain interpretations in psychoanalysis, and theoretical considerations of the nature of ego defenses, the 'principle of multiple appeal' (27) may also apply.

Infrequent interviews may prove to concentrate relevant dream associations and memories germane to current problems. Considerable reliance is placed on the forces within the patient tending to spontaneous cure, and toward independence from treatment. Intensification of repression, transference cures, even the phobic mechanism of displacement described by Glover

(23, 45), all have their place, as in the functioning of the socially integrated personality, so long as their nature is understood, and the total dynamic shift can be regarded as favorable (6, 42) in relation to the patient's situation and personal potentialities. The aim is always some degree of reorganization within a relatively intact personality, however modest, or that some support will have been given to the positive transference experience by a degree of re-education. The transference, when the patient is seen infrequently in an atmosphere charged with current realities, may remain largely a potential or latent phenomenon in the therapeutic relationship, if the patient's illness is not weighted with pregenital regressive elements. While it remains integrated in a patient-doctor relationship of traditional form, operating unconsciously in its positive aspects, attention can be directed to the pathological multiple 'transferences' which are evident in the patient's outside relationships. While there may be spectacular spontaneous exceptions, there is no reason to assume a priori that all of the patient's libidinal and aggressive conflicts are concentrated in the treatment situation. Experienced therapists, however, should be alert to disturbing trends of transference as expressed in dreams, manifest attitudes, symptom fluctuations, acting out, etc., and avoid exacerbations by interpretation.

Since the primary emphasis is on demonstrable reality as a background for interpretation of emergent ego-dystonic fantasy, the stimulation of transference, whether by superfluous and repetitive 'active permission' or excessive tendentious interpretation, enormously magnifies an error which can also occur in psychoanalysis, reflecting overzealous acceptance of the principles advanced in the brilliant monograph of Ferenczi and Rank (14). This applies even more to the deliberate taking of roles by the physician (3, 2), in so far as the attitudes are not strictly germane to his role as physician. From an intellectual point of view, these techniques mean approbation and fostering of unreality where heightened appreciation of reality is the goal; emotionally, they stimulate fantasy or infantile attitudes, thus making them more difficult to interpret and work through,

in contrast with the spontaneous evolution of transference or even the occasional occurrence of massive regression in psychoanalysis, where the controlled and stable realities of the situation usually make interpretation intellectually and emotionally at least feasible in the long run. It is also to be recognized that the entire structure, intensiveness, and potential duration of the psychoanalytic situation favor the actual concentration of the patient's 'transferences' in the therapeutic transference. Hence, aside from purely empirical practical considerations, a potential psychic reality is involved in the anticipatory transference clarifications, which many or most of us recognize as indispensable, when judiciously employed. The stable realities of the situation are even more necessary in brief psychotherapy. Active transference techniques can be useful in certain cases, and are apparently used with therapeutic effectiveness by experienced therapists. This, however, does not alter the general principle,⁴ especially in teaching.

The transference may emerge as a problem in any therapeutic relationship and require interpretative intervention. It is possible that some accidental therapeutic successes are obtained by not recognizing it and, therefore, not 'meddling' unnecessarily with a positive ego-syntonic transference—and lack of success due to failure to intervene when really necessary. When the transference is relatively simple and forthright, it may be interpreted to good advantage within the scope of a brief relationship. Simple rebellion against parental authority, sibling rivalry (in relation to other patients), erotic fantasies of mild or moderate intensity, obvious clinging to the therapeutic relationship are instances.

An intelligent girl of nineteen was given twenty-two interviews during fifteen months. She had hysterical weeping spells

⁴ The treatment of manifest psychotics presents a different problem of reality, hence a different technical problem. For the therapist to act the role of father or mother may be relatively real compared to the patient's delusions or hallucinations, and thus conceivably, through a developing transference, a possible bridge to a more commonly accepted view of the facts. Similar considerations may apply to the character of the interpretations. Note the work of Dr. John Rosen.

and gastric disturbances while struggling to adapt herself to her first serious attachment to a young man, from a background of overintense attachments to girl friends and older women. The threat to this type of ambivalent mother-sister relationship was the chief subject of interpretative discussions, finally the ambivalent homosexual attachment itself. The patient developed a brief incestuous father transference to me, evident in her dreams. Interpretation was readily accepted. The girl is married and is said to be doing well at this time; however, this is neither as reliable nor as important as the technical fact that a relatively forthright and therapeutically available transference emerged in relation to the physician in the course of interviews devoted largely to the understanding and interpretation of the stormy 'transferences' which were disturbing the patient in relation to her fiancé, friends, and family. Such isolated transference reactions, I believe, are more liable to occur in the atmosphere described than the full-blown transference neurosis which characterizes psychoanalysis.

If in the initial interviews, one infers strong pregenital ambivalent tendencies, the patient ought to be in psychoanalysis, or else be helped actively to strengthen his defenses, and extension and deepening of the transference avoided. Berliner (6) regards all brief therapeutic contacts as potential first stages of psychoanalysis. Such an attitude might vitiate an important aspect of the atmosphere to be created for brief psychotherapy. However, the wisdom of a technique that is consistent with this possibility cannot be doubted.

A closing example is from a clinic case, a young man who had reacted well to a short period of treatment for hypochondriacal fears. He had always been excessively jealous. He returned after an absence of ten months, acutely disturbed by jealousy. At an office party, a pleasant man named Bill (also the patient's name), with whom he had been drinking, had put his arm around the patient's wife in an innocuous way. The patient suggested that the therapist see his wife so that she might become more coöperative about his treatment. This was an actual problem to him, as she had a mildly derisive

attitude about it. A reserved willingness to see his wife was expressed, with the expressed preference that he settle the problem himself. No interpretation of the implications in the transference was made, an important decision,⁹ made at the moment, obviously susceptible to discussion. Considerations stated earlier in the paper would be relevant. The patient returned without his wife, feeling much better and bringing a dream: a man called him from the office, addressing him as Bill and said, 'We couldn't help it, standing there, and I just kissed your wife'. The patient started for the place, found himself with a blonde in an apartment, and had a seminal emission. He recalled that he had proposed a foursome date with Bill's and his wife. The man in the dream had the name of a girl whose picture in a bathing suit he had seen in the paper and who was to marry a senator. In addition to the projection of his own extramarital wishes, and jealousy as a reaction to something which he himself wished, the interpretation was given that he wished to share his wife with a man whom he obviously liked; that it could express his affection for this man; moreover, it could be an avoidance of conflict and complications about the exclusive possession of a woman. Had he not previously recalled playing with his sister in bed on two occasions while his brother was in the next bed? Might it not be possible that (then and now) there was an impulse to share sexual guilt and avoid rivalry at the same time? The patient had been fond of his brother; also he had had a dream in which his wife and sister had been manifestly interchanged. During the following interview he related several instances from adolescence of making, with a friend, joint sexual overtures toward the same girl. A few weeks later he reported that he had eaten some good dinners at his brother's house, had enjoyed a party at which his friend, Bill, had been present and had shown a naïve competitiveness with his brother's wife, in tobogganing with his brother. These responses suggest that the interpretation was to some degree effective; however, it must be noted that his wife had quit working in this period, a change for which he had devoutly wished. The normality of

this wish had previously been confirmed by the therapist, while interpreting his envy of certain features of the woman's role in life. The immediately relevant question is whether there is a special advantage in brief psychotherapeutic contacts in trying to integrate in a single interpretation, in a concept available to the personality from multiple points of view, in acceptable language, elements of defense, aggression, and libido, including a clearly available genetic parallel.

Brief interpretative psychotherapy, based on psychoanalytic principles, is a field for empirical research by psychoanalysts to determine its therapeutic effectiveness, scope of applicability, and techniques.

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THE CHARACTER OF JEAN JACQUES ROUSSEAU

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I

The Confessions (1) of Jean Jacques Rousseau reveal important genetic factors in his character development. A psychoanalytic study of this material, while not fully explaining his genius, can show how these factors played a vital role in some of the major events and literary productions of his life.

The Confessions were written during the period 1765-1770, toward the close of his life when he was traveling from country to country, harassed, and clearly in a paranoid state. Rousseau freely admits that much of the early material is untrustworthy, due to the caprice of his memory. Some critics have suggested that he was guilty of deliberately falsifying important events. Rousseau nevertheless takes great pains to speak with uttermost candor of the ridiculousness and humiliation of his masochistic perversion, exhibitionism, petty thefts, and sexual inadequacy. Allowing for the masochistic and exhibitionistic components of this self-revelation, one wonders what further motive Rousseau could have had for confabulation. In any case, verity is not essential in the psychoanalytic examination of character. In autobiography, as in free association, confabulations assume even greater importance in understanding the fantasy life of the author. However, the famous 'oak tree incident' will, because of its historical interest, be more critically examined.

The Confessions and other works of Rousseau were previously studied by René Laforgue who published a penetrating article in 1930 (2). Laforgue noted that Rousseau, whose mother died during his delivery, identified himself with her and developed a latent homosexual organization, often close to consciousness. To atone for his mother's death, he had to

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yield the woman to the father figure, and to castrate himself both 'morally' and 'fantastic-psychically'. By the latter, Laforgue apparently referred to Rousseau's chronic suffering from psychosomatic involvements of the urinary tract and other organ systems. Rousseau was constantly playing the fool in a series of triangular relationships in which, through guilt, he renounced the woman to the other man. I feel that in these instances Rousseau identified himself with the woman, but the two formulations are not mutually exclusive. Laforgue also notes Rousseau's tendency to infantile regression. He was seemingly sexually potent in a few relationships with permissive parental figures like Madame de Warrens ('Mama') and Claude Anet. Significantly, too, his nickname for Thérèse Le Vasseur, whom he ultimately married, was 'Aunt'. Laforgue traces Rousseau's masochistic perversion to a beating he received at the age of eight from Mademoiselle Lamercier. The exhibitionism is regarded as an attempt to approach girls and at the same time to maintain a feminine attitude. Laforgue's formulation appears in the main valid; however, I believe much more emphasis should be placed on the masochistic features of Rousseau's character, and the one beating received from Mademoiselle Lamercier at the age of eight is insufficient to account for the origin of this difficulty.

II

Jean Jacques Rousseau was born in Geneva in 1712. His father, Isaac, a watchmaker, had worked abroad several years away from his wife. His homecoming was followed by Jean Jacques' birth and the mother's death. The nature of his surrogate mother-child relationship from his birth is unknown. Rousseau speaks tenderly of his nurse Jacqueline and of a good aunt who sang him nursery songs. Suggestive of an early oral conflict is the fact that in later years he made a special point of exhorting the women of France to feed their babies at the breast. Rousseau tells us that he was an indulged, overprotected child, but strictly disciplined and not allowed to play with other children in the street.

Other clues to his psychosexual development include an early screen memory in which Rousseau urinated into the kettle of a woman neighbor absent in church. This is followed by many evidences of preoccupation with urethral and anal erotic activities. He recalls the backside of Mademoiselle Lambercier 'which by an unlucky fall was exposed to the view of the King of Sardinia'. In adolescence he exposed his own backside to servant girls. In middle life he manifested increasing libidinal fixation on the urinary tract with which he had much real and hypochondriacal difficulty.

Rousseau gives rich and ample evidence of the markedly obsessional nature of his character. He mentions repeatedly his timidity, hesitancy, awkwardness, indecisiveness, fantastic ruminations, and strange compulsions. We know from Freud's description of the Wolf-man (3), who like Rousseau developed somatic delusions and a paranoid state, and also from the studies of the masochistic character by Wilhelm Reich (4), that such persons frequently reach the genital level with a weakly exhibitionistic organization which breaks down with regression to the anal and urethral level. The specific fear which influences this regression appears to be dread of being beaten on the penis. Thus the buttocks are proffered instead, with the additional idea of being loved passively by the father. But the fantasy of playing the passive role in coitus a tergo like a castrated, mutilated woman appears particularly repugnant. Rousseau states that in childhood '... my aversion for lewdness went so far, since one day I walked through a hollow in the road at Petit Sacconez; I saw on both sides cavities in the earth and was told it was there the people did their pairing. When I thought of it, it came to my mind that I had seen dogs in a similar situation, and my heart revolted at the remembrance.' Like the Wolf-man, Rousseau conceived of human coitus as that of dogs where the horrible castration of the passive participant is plainly visible. The solution is to be beaten by a phallic woman whose illusory penis denies the fact of castration.

Rousseau's father appears to have been a psychopathic character. He drank, brawled, was inconsistent, of violent temper,

and fond of wandering. Despite the varied ministrations of female relatives and nurses, this inadequate father seems to have furnished the only fairly constant relationship with the young Jean Jacques. The relation consisted of seductiveness, overprotectiveness, severity, and finally abandonment. Rousseau tells us almost initially: 'In me he thought he saw her he so tenderly lamented, but could never forget that I had been the innocent cause of his misfortune, nor did he overembrace me. . . . "Ah", exclaimed he with agitation, "Give me back my wife; at least console me for her loss; fill up, dear boy, the void she has left in my soul. Could I love thee thus wert thou only my son?"'

Quite early Rousseau was taught by his father to read, and every night after supper they would read romances which had belonged to the mother. Often they would become so enraptured as to read the entire night. Rousseau shows the degree of his erotic stimulation in the statement, 'I soon acquired by this custom . . . a too intimate acquaintance with the passions. An infinity of sensations were familiar to me, without possessing any precise idea of the objects to which they related—I had conceived nothing—I had felt the whole.'

It seems clear, as Laforgue noted, that Rousseau early developed a passive feminine attitude toward his father, taking the mother's place, filling the void in his father's life. He also developed the pattern of building up high degrees of painful tension without discharge in end-pleasure, which is so characteristic of the masochist.

Rousseau next turns to a conflict which I believe is imperative to the dynamic understanding of his character formation. This was his relation to his seven-year-old sibling. This brother was the only real rival for the father's affection; but Rousseau states, 'The extraordinary affection they lavished on me might be the reason he was too much neglected: this certainly was a fault which cannot be justified. His education and morals suffered by this neglect, and he acquired the habits of a libertine before he arrived at an age to be really one. . . . One day I remember when my father was correcting him

severely, I threw myself down between them, embracing my brother whom I covered with my body, receiving the strokes designed for him; I persisted so obstinately in my protection that either softened by my cries and tears, or fearing to hurt me most, his anger subsided and he pardoned his fault.'

In this episode, Rousseau demonstrates a reactive solicitude. We can easily imagine the brother's attitude toward him: after enjoying the mother's exclusive love for seven years, he was deprived first of her life, then of his father's affection by the little newcomer. There must have been intense mutual resentment which at least in the case of Jean Jacques was repressed with the reaction-formation of pity and tenderness. It is not accidental that he soon declares: 'How could I become cruel or vicious when I had before my eyes only examples of mildness . . .?' Throughout the Confessions Rousseau refers constantly to his timidity, mildness, lack of aggression, and abhorrence of cruelty.

Further insight is given in the classic essay in which Freud traced the derivation of beating fantasies. When these occurred in men, he found that the men were generally masochistic perverts, and that behind the fantasy of a neutral child being beaten were fantasies of the man himself being beaten by women (mother figures). Freud showed that this was a defense against an earlier fantasy of being beaten by the father. This reconstruction was in turn a punishment for similar wishes toward sibling rivals, and stemmed from a passive feminine wish to be loved by the father.

In the male fantasy—as I shall call it briefly, and, I hope, without any risk of being misunderstood—the being beaten also stands for being loved (in a genital sense), though this has been debased to a lower level owing to regression. So the original form of the unconscious male fantasy was not the provisional one that we have hitherto given: 'I am being beaten by my father', but rather: '*I am loved by my father*'. The fantasy has been transformed by the process with which we are familiar into the conscious fantasy: '*I am being beaten by my mother*'. The boy's beating fantasy is therefore pas-

sive from the very beginning, and is derived from a feminine attitude toward his father (5).

Freud was not able to demonstrate in men the earliest stage of sadistic rivalry toward the sibling, but felt that it might be found by a fortunate observation.

We are now in a position to recapitulate Rousseau's psychosexual development. He reached the genital level with a strongly bisexual libidinal orientation expressed toward women in a weak phallic-exhibitionistic manner. Presumably due to fear of being beaten on the penis, but especially because of the father's seductiveness, he emerged with a passive feminine attitude to the father and a great deal of hostile rivalry toward his brother. This hostility was repressed and replaced by the reaction-formation of solicitude, along with anal and urethral regression. The episode of being beaten appears to be a fusion of the two preliminary phases postulated by Freud: 1, sadistic (Father loves me and is beating the child whom I hate); 2, masochistic (I am being beaten [loved] by my father). The stage was now set for phase three. The beating administered by Mademoiselle Lamercier transformed the fantasy into 'I am being beaten by my mother', which protected it against the painful passive homosexual and castrative implications, and much of the work of repression. In the shift from infantile urinary exhibitionism to adolescent gluteal exhibitionism with a beating fantasy, Rousseau became a perverse masochistic character.

During adolescence Rousseau was able to gratify his perversion to some extent in masturbatory fantasies, for he states, 'In my crazy fancies during my erotic passions and while I was committing extravagant acts, I borrowed the help of the other sex in my imagination'. At the height of his adolescent turmoil he lost self-control to the point of exposing his buttocks to passing girls in the hope that one 'more resolute than the others' would spank him, but he invariably lost courage and fled. In this way he was caught and released by the Piedmontese who at once played the role of the terrifying and forgiving father. After this Rousseau restrained himself from

giving overt expression to his masochistic impulses and strove to suppress the humiliating fantasies. He affirms, '... during the whole of my life, though frequently laboring under the most violent agitation, I could never, in the course of the most unbounded familiarity, acquire sufficient courage to declare my folly, and implore the only favor that remained to bestow. That has happened only once, when a child, with a girl my own age; even then it was she who first proposed it.' This inability to accept his perversion was probably responsible for both his subsequent misery and his creative productiveness.

The events of Rousseau's life corroborate that his sense of guilt was largely displaced from the father to the brother. He had an otherwise unexplainable habit of being led astray by a series of gay young men of rather psychopathic temperament. His first brother surrogate was his cousin, Bernard, whom he protected against bullies. Later came Verrat, Bacle, Venture de Villeneuve, Grimm, and others. Even his enemy, Dominic, was able to manipulate him through guilt. Many of these 'brothers' were able to provoke him into defiant behavior toward 'fathers' and authority in general. With Grimm, Rousseau comes close to a frank avowal of homosexual love.

His attitude toward authority was one of provocation, hostility, and defiance. He reacted with intense hatred to being beaten by Monsieur Lamercier (in contrast to Mademoiselle Lamercier), ran away from his masters, left his homeland, deserted his religion (but could not accept the new one), turned French but insulted the French, and rejected the King of France. The incidents are numerous. Much of this is a counterphobic attitude against castration anxiety as shown in the comical 'aqueduct' incident in which he diverted the flow of water from Monsieur Lamercier's big tree to his own little tree. But most of it seems due to his intense dread of accepting anything from men for fear of being pushed into the passive, masochistic, castrated role. As a result he complains frequently that he does not seem able to learn from men.

Rousseau's neurosis was split into three components: first, a deep passive masochistic attitude toward his father with a

defiant provocative overcompensation; second, strong hatred of his brother with intense guilt, a reaction-formation of tenderness and a latent homosexual defense; third, conscious but suppressed masochistic impulses toward phallic women. His shaky defense was bolstered by further regression to infantile dependence, as in his relation with Madame de Warrens, and by hypochondriacal somatizations, often almost delusional ('polyposis of the heart').

III

The celebrated 'oak tree incident' Rousseau regarded with justification as the turning point of his life. In the year 1749 Rousseau, then thirty-seven, was settled in Paris as a struggling musical hack, known to the intellectual salons, but had yet made no notable achievement. He was living with the illiterate, depreciated Thérèse Le Vasseur by whom he presumably fathered five children, all of them immediately consigned to foundling homes. His two greatest friends were the German, Grimm, to whom he was passionately attached, and the encyclopædist, Diderot, who had befriended him. At this point Diderot, following the publication of his somewhat slanderous *Lettre sur les aveugles*, was jailed by the state in the dungeon at Vincennes. Rousseau became almost frantic. He wrote letters to Madame de Pompadour, the power behind the throne (phallic mother), imploring her either to release Diderot or jail him instead. This was ignored.

Finally, to Rousseau's unbounded joy, Diderot was permitted to stroll in the jail garden prior to his ultimate release. Rousseau hastened at once to see him and was deeply affected by Diderot's ravaged state. He then visited Diderot frequently, walking because of his poverty the five miles from Paris to Vincennes. One stifling summer day, to slow his pace in the heat, he read the *Mercure de France*. He noticed an advertisement by the Academy of Dijon offering a prize for the best essay on the question: 'Has the progress of the arts and sciences contributed to corrupt or to purify society?' This touched off a

remarkable sequence of events. In a letter to Monsieur de Malesherbes, he states:

If ever anything resembled a sudden inspiration, it was the movement which began in me as I read this. All at once I felt myself dazzled by a thousand sparkling lights; crowds of vivid ideas thronged into my mind with a force and confusion that threw me into an unspeakable agitation; I felt my head whirling in a giddiness like that of intoxication. A violent palpitation oppressed me; unable to walk for difficulty of breathing, I sank under one of the trees of the avenue, and passed half an hour there in such a condition of excitement that when I arose I saw that the front of my waistcoat was all wet with my tears, though I was wholly unconscious of shedding them. Ah, if I could ever have written a quarter of what I saw and felt under that tree, with what clearness should I have revealed all the contradictions of the social system . . . with what simplicity should I have demonstrated that man is naturally good and that it is through institutions alone that men have become wicked!

When Rousseau reached Diderot he was almost in a 'delirium'. He recounted his experience, his ideas, received some suggestions, and the result was the prize-winning essay which made him famous.

The oak tree incident repeated dramatically Rousseau's childhood conflict. His sibling (Diderot) was being beaten by father (the State) and Rousseau reacted with the same attempt at substitution which, being denied, increased his guilt. Occurring at a time when his homosexual feelings were close to the surface with Grimm, his dependence on Thérèse was shaken by her pregnancies, and the exertion in the hot sun had decreased his physiological reserve, his defenses were apparently lowered to the point where the repressed, passive masochistic longings toward the father, and the violent aggression toward the brother, threatened to break through and overwhelm him. It was essentially a state of panic. Rousseau was able to save himself by projecting the whole conflict—not, however, before

considerable modification of the infantile fantasies by his frantic ego into the thesis that man is noble in his primeval state, equal with his siblings, and corrupted by civilization (= authority = father). His ego, resting on the weak defense of masochistic fantasy, received such a shattering blow that it was forced to retrench, and from that moment Rousseau became a paranoid character.

The steps involved in this process may be schematically represented as 1, the id wish to be loved (beaten, castrated) by the father, and the destructive wishes toward the brother; 2, a reaction-formation of defiance of the tyrannical father, and solicitude for the brother. The economic failure of the masochistic fantasy necessitated further preconscious elaboration into 3, displacement of the father authority to the state, social institutions, civilization, as wicked and tyrannical. All men are brothers and equal.

Since the intensity of the conflict had reached such a pitch that it threatened to break into consciousness, the stability of the last formulation was further strengthened by denial of the ego of its own part in the process; by hasty withdrawal of the ego boundary the final result appeared as something real in the external world, as a hallucinatory experience or 'inspiration'. In this way Rousseau was able to deny his own hostile impulses and to project them to the social order, and thus to assert that 'man is naturally good' (free of aggression).

In the elaboration of this first essay Rousseau worked with fanatical fervor, dictating while lying in bed. He speaks of an 'effervescence' of the mind which lasted the next five years. For the remainder of his life outright psychosis was staved off by hypochondriacal defenses, by a flood of literary productions which continued to externalize the conflict, and by constant withdrawal from personal relationships into a series of isolated retreats. The Hermitage furnished by Madame D'Epinay was the first of a series of such havens. This intrauterine ideal had previously been enjoyed by Rousseau in his idyllic relation with 'Mama' de Warrens, and is undoubtedly the Utopian dream of his ideal society: a noncompetitive paradise of non-

sexual siblings, scarcely aware of each other, under the indulgent eye of Mother Nature. However, the paranoid turn in his character prevented him from enjoying this tranquility. The latter portion of the *Confessions* is a pitiful, almost monotonous repetition of the same pattern. Rousseau would find a haven, antagonize his friends and neighbors, be forced to flee. With the physiological deterioration of his declining years he became progressively incapable of testing reality. His last days were spent in a misery of torturing the ageing Thérèse by accusing her of infidelity with a stable boy.

IV

The thoughts developed by Rousseau in his prize-winning essay and repeated in his subsequent writings fit so closely the structure of his character and its mechanisms of defense that it seems quite unlikely—as some have alleged—that he stole the idea from Diderot. The unconscious would not be fooled by such a maneuver; however, both Rousseau and Diderot state that the latter suggested minor changes which Rousseau attributed to his own lack of skill in writing. In addition, the 'great inspiration' lends itself to little secondary elaboration. Great 'revelation' bears a sacrosanctness that brooks little tampering because a too close examination would threaten to expose its defensive nature. So much energy is concentrated in the projected fantasy that little is left for the integrative task of pre-conscious elaboration. The first *Discourse* preserves much of the wild state in which it was conceived, while Rousseau's later works carry the ideas further with finer organization. Rousseau shrank from reviving the ego state of the original experience, stating rather lamely in the *Confessions* that he had previously described it in a letter.

The shift from a masochistic to a paranoid state is a most logical step. Probably it does not happen more often because most masochists, unlike Rousseau, are able to diminish the conflict and tension by perverse gratification. In *A Child Is Being Beaten* Freud tells us that '... the second phase, the unconscious and masochistic one in which the child itself is

being beaten by the father, is incomparably the more important not only because it continues to operate through the agency of the phase that takes its place; but we can also detect effects upon the character which are directly derived from its unconscious setting. People who harbor fantasies of this kind develop a special sensitiveness and irritability toward anyone whom they can put among the class of fathers. They allow themselves to be easily offended by a person of this kind, and in that way (to their own sorrow and cost) bring about the realization of the imagined situation of being beaten by their father. I should not be surprised if it were one day possible to prove that the same fantasy is the basis of the delusional litigiousness of the paranoiac.' So far as I know, this extension has not been affirmed, but in this autobiography is a confirmation of Freud's great intuition.

V

In attempting to summarize the effect of Rousseau's psychopathology on his creative work, it seems clear that the change in his personality at the time of the oak tree incident coincided with the sudden flowering of his productivity. Previously he had floundered, an inconsistent, poorly integrated, masochistic character, awkwardly pursuing a fragmentary career; yet somehow he was able to be sufficiently gratified to maintain a tenuous equilibrium, shattered by a sudden failure of repression, replaced by a projective defense to ward off panic. Rousseau was thus more efficiently integrated by a paranoid type of thinking with some degree of consistent systemization.

Had Rousseau's 'system' been a common paranoia, it would have quickly become a delusional system which would have provided a stable internal solution interesting only to psychopathologists. But the content of his peculiar conflicts, namely a special need to deny both his sibling hatred and his passive masochistic attitude toward fathers, coincided with the urgent historical development of the eighteenth century—the breakdown of authoritarian monarchism and the rise of the capitalist bourgeoisie with the new ideology of the equality of men.

There was enough correspondence between Rousseau's inspired defensive elaborations and the social ferment of the period to give his ideas external validation which undoubtedly played a great role in preserving his total integration.

The restless wanderer who could identify with no leader or group was a harbinger of the era which followed. Thus in the *Discourse on the Origin of Inequality* (6) he states his ideal as '... man in a state of nature, wandering up and down the forests, without industry, without speech, and without home, an equal stranger to war and to all ties, neither standing in need of his fellow creatures nor having any desire to hurt them, and perhaps not even distinguishing them one from another; let us conclude that being self-sufficient and subject to so few passions, he could have no feelings or knowledge but such as befitted his situation . . .'. In our own experience such complete autism with 'so few passions' and no object libido is found only in schizophrenics or infants. But Rousseau was not a schizophrenic. 'Paranoid character' is a phenomenological label which in Rousseau's case covered a series of fluctuating ego states in a loosely organized personality. The reader of the *Confessions* is deeply impressed by Rousseau's lifelong ability to relate to new people with powerful affection which was returned by them with a protective tenderness that was often astonishingly generous. These libidinal attachments he was unable to sustain because his sense of guilt evoked masochistic fantasies so intense that he became paranoid or fled. Rousseau wanted to be a loving person but was too afraid of his feelings. He imbues his 'Natural Man' with an almost complete lack of affect which spares him the painfulness of fantasy.

For such a Natural Man to survive, the very quality necessary is the one Rousseau most explicitly denies him—purposeful aggression toward the environment. Indiscriminately linking such constructive achievements as speech and industry with such destructive realities as war and sadism, Rousseau intuitively perceives that both stem from the same basic tendencies. He undervalues the sexual because he denies the aggressive instincts. Elsewhere in this discourse he takes issue with

Hobbes on the wicked (aggressive) nature of man and insists on compassion as a 'natural virtue' (instinct).

The primitive state of man which Rousseau glorifies would seem to be a classless, leaderless society. Leaderless because it depends on Rousseau's concept of Natural Law as a gift of Mother Nature who watches over the savage and feeds him with her bounty. It is essentially a benign, desexualized maternal authority under whom all siblings are equally loved and favored. In his denial of the passive, masochistic attitude toward his father, Rousseau projects his aggression to the tyrant, and regresses to mother for protection. If punishment is to be meted out, mother will do it. A man who consigns his own five children to foundling homes conceives of the world as a foundling home—a protected environment where the siblings are equal, the maternal authority remote, and personal relations reduced to a minimum. In his later discussion of 'general will', he speaks of the alienation of the individual: '... each man in giving himself to all, gives himself to nobody'.

In *The Social Contract* his approach is different. Realizing that the primitive state is forever lost, he sets himself the task of reconciling corrupt modern society with an ancient ideal by appropriate compromises. To do this he destroys the analogy between family and state. His reasoning, pursued at length in *The Discourse on Political Economy* and continued in *The Social Contract*, is that the benign father maintains authority only until the child can fend for himself, and he is violently opposed to any extension of paternal authority in the state. In place of such authority he substitutes the abstraction of the General Will, which binds men together into a Sovereign Body, and is infallible. He never describes the sanction for this General Will, but it is implicitly derived from Natural Law (maternal authority).

In this work, more than in any of his other political writings, Rousseau rises above his neurosis and gears his ideas to reality. Faced with the practical problem of giving detailed description of the mechanism of the state, he demonstrates his genius in the

adroit manner in which he outlines the various possibilities. Contrary to popular belief, Rousseau did not favor democracy ('a government for gods') but an elective aristocracy; however, it is not this for which he is remembered, but for his denial of royal authority, and the ideas of General Will.

Rousseau's *Weltanschauung* is almost directly antithetical to Freud's hypotheses. Whereas Freud maintained (7) that instinctual life is innate and partially sacrificed in the development of culture, Rousseau felt that Natural Man was relatively free of instincts and that civilization had corrupted him. Rousseau, with Comte and most sociologists, ignored the link between family and state, maintaining that the laws of man and the laws of groups are fundamentally different, a thesis which Freud challenged (8). Although Freud wrote about a patriarchal culture, his basic principles can be applied to Rousseau's concept. Rousseau did not get rid of the family; he merely removed the punitive father and substituted a remote depersonalized Mother Nature, or the Goddess of Liberty. The General Will is an expression of identification of the members of the group with the mother.

The impact of Rousseau was profound. He influenced the Enlightenment, the French and American Revolutions, the romantic movement, and subsequent developments in sociology, politics, and education. More than any other man he expressed the turbulent revolutionary spirit which arose in Western Europe in the eighteenth century. It may seem ironic that a deeply dependent, paranoid character, however gifted, became a prophet of modern democracy. By denying his instincts Rousseau helped forge the desexualized 'debating society' which has become characteristic of Western liberalism, and which has helped make democratic political systems so unpsychological and so vulnerable to emotional eruptions. As Freud believed, only by the thorough biological study of man, and consistent adherence to the reality principle, can a meaningful science of politics be constructed.

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SOME PSYCHODYNAMIC REFLECTIONS UPON THE LIFE AND WRITINGS OF SOLON

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For an intelligent citizen in a democratic community, few problems are of more fundamental importance than the need to get some understanding of the interplay of forces upon which the successful operation of a democracy depends, of the conditions under which the experiment of self-government by a whole people is most likely to succeed. These are problems that belong pre-eminently to the field of the sociologist, and to the political scientist with a background in history; but such problems in social dynamics also basically involve the behavior and motives of human beings. Any thorough inquiry as to how a democracy can function most successfully leads inevitably to a few elementary problems concerning human motivations. What motives impel men to desire or to dream of democracy? What psychological problems must men face if they attempt to realize their democratic dreams? What attitudes and habits of mind are most conducive to the success of a democracy?

For such an inquiry the lives of leaders in the development of democratic institutions offer a most valuable source of material.

The first people in the world to try out the democratic dream were the ancient Athenians. In Greek history the name of Solon shines as the father of their democratic constitution. In addition to records extant, some three hundred of his own lines remain to report this first democratic experiment.

Solon was between forty-five and fifty years old when, at the beginning of the sixth century B.C., he was elected to the

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archonship of Attica, with extraordinary powers to revamp the whole machinery of the Athenian government.

No attempts had been made to modernize the government since Draco (1), some twenty-five years before, had by special authority collected existing laws, emending and systematizing them to suit what he considered the needs of the time. His main object apparently was to replace old private and clan punishments of crime with a strictly public justice. Whether he published his code is not certain.

Greek colonization and commerce were thriving and coinage had lately developed, thus upsetting feudal barter of goods and labor. Solon had to deal with an inland country still poor and backward. Attica had small trade, not one colony. Her rich landowners were all nobles, to whom trade now began to offer chances for making money. The land could no longer support subsistence farming. As the upper classes grew richer they lost their old feudal responsibility for their dependents and exploited with more and more avarice the landless and moneyless (2). What had once been a benevolent aristocracy was now an oligarchy of limitless greed.

The poor kept getting poorer. The many were enslaved to the few, says Aristotle (3), and had virtually nothing to call their own. Former landowners and feudal tenants became sharecroppers who could not keep enough share (commentators disagree as to exactly how much) of the crops to make a living. Some were so deeply in debt they mortgaged the only thing left to them—their persons—and became slaves in Attica or were sold into foreign lands. Others, to escape servitude, sold child or relative or fled the country (4).

Despite scattered uprisings—Plutarch says the sturdiest of the poor began banding together under a trusty leader to urge rebellion and equal division of land—it is clear that the very poor could organize no real resistance. One of Solon's chief claims to glory among latter-day Athenians was that he first championed the people's rights against special privilege (5).

What was the focus of trouble? The records indicate that the rich no longer agreed. Many of them were newly rich; trade

and coinage had brought them sudden, great wealth. They did not have the old feudal sense of responsibility for their dependents. Former customs, laws, and traditions failed to control the getting and spending of money. The rich, Solon tells us (6), now stole like brigands from one another, from the state, and even from the temples. The affair of Cylon (v.i.) had divided the nobles into two factions. Some of the wealthy felt there was actual danger of revolution. Many of the middle class saw opportunities to make money in trade if they could get a little capital. The sea was open; it could not be divided up and fenced off like pieces of land. But opportunities were too limited; the whole manipulation of trade and government was in the hands of the rich and noble. They had complete power. Solon states that hostile feelings prevailed in the state, and that the rich were to blame (7). As the crisis neared, the rich were unable to agree on a course of action. Finally, the factions elected Solon archon, with special powers to make needed reforms (8).

Solon was an excellent choice. He sided with no faction, yet had ties with all. By birth and position he belonged to the highest social class. But he owned no large estates, and his trade and limited means put him in the middle class. He had traveled widely. The problem aroused his interest. For some time previously Solon had published political verse (prose diction was not yet common) in which he denounced the avarice of the rich and urged them to give up their stubborn, reactionary demands, to curb their insolent greed. He sympathized with the sufferings of the poor and praised the benefits of law and justice. Passionately he berated the dissension and its damage to the state. 'I see, and it makes my heart heavy to see the oldest of Ionian states sinking lower and lower', he said, arguing first on one side, then on the other, urging both to stop their fighting. He coined such ringing slogans as, 'Equality breeds no war', which suited both factions. The rich thought he would base equality on worth and ability. The poor interpreted equality to mean equal property and looked forward to some kind of state socialism (9). At the start Solon blamed the rich and felt

that their arrogance and love of money were the whole cause of the civil strife. As he proceeded with his reforms he found out just how difficult the situation was, and his ideas changed.

SOLON'S PROGRAM

Traditionally, Solon held the archonship during the year 594-593 B.C. Quite possibly, after his emergency measures, it took him until 590 to revise the constitution and pass other legislation required by his reforms. Commentators disagree. Solon himself describes his reforms only in general terms. Aristotle wrote an account some hundred twenty-five years after Solon's death, Plutarch much later. Lawyers like Lysias, Æschines, and Demosthenes, who quote Solon as precedent, are prone to interpret his laws to suit their uses. All these writers used ancient sources which are no longer extant.

Despite differences of detail, the broad outlines of Solon's program are fairly clear. His immediate measures for relief were four (*10*). He freed the land. He brought back Athenians sold as slaves into foreign lands. He freed Athenians enslaved at home. He recalled refugees who had fled to escape servitude. Evidence of freeing the slaves is unequivocal. All enslaved Athenians, both at home and abroad, and those who had fled to escape slavery were restored to citizenship. These measures were called *Seisachtheia*, the Disburdenment.

Probably before Solon's archonship Athenians could neither sell nor will land outright. Solon canceled all debts secured by land (if it could be mortgaged) or all claims to crops based on personal debts. Marking stones evidently recorded these claims on the land. Many middle class citizens recovered full use of their land, but Solon did not abolish public and private debts wholesale.

One of Solon's claims to greatness is that he evolved the new out of the old. Aristotle (*11*) records Solon's three most democratic constitutional amendments. First and foremost, that no person could use himself or one of his family as security for a loan. This measure he is said to have copied from the Egyptian Bokchoris. Contrary to other Greek states, Athenian history

records no further jailing or enslaving of citizens for debt. The law became a cornerstone in the Athenian bill of rights (12).

Second, was the grant to anyone to bring suit in defense of persons wronged. (Draco's code may have allowed a third person to intervene when the victim could not act in his own behalf.) This act was doubtless aimed against feudal rights which allowed only nobles to present and settle disputes, and left certain offenses against the individual for him or his family to punish. This law, too, could stop bribery and intimidation since potentially any citizen could accuse or sit in a court of appeal.

Solon saw that crime and injustice endangered the whole community. As feudalism had declined, the common people lost the protection the lords had formerly given them. The nobles would have to give to the state rights which technically they still retained. Hereafter the state would guarantee legal protection. Solon is said to have called that state safe in which those not wronged were just as diligent as the wronged in prosecuting lawbreakers (13).

Third, Solon allowed any citizen to appeal from the magistrates' decisions to a popular court, on which any citizen could sit. For the first time in Athenian history the poor and the wronged could help themselves. In Homer, the kings and leaders consulted the general assembly only when they felt uncertain and wanted popular support; otherwise, the assembly could not act. The only man with democratic leanings, Thersites, is in Homer the butt of crude jokes. In Hesiod the poor man injured by his chief could only hope for aid from Zeus.

Solon enabled the common man to fight for himself. Aristotle considered that the state now had sovereign power: ' . . . the people, being master of the juryman's ballot, became thereby master of the state' (14). Two of the laws enforcing these changes are authentic. One of them re-enfranchised all men who had lost citizenship before Solon's archonship excepting, for example, those who had tried to establish a dictatorship. The other legalized a man's right to will his property to whom-ever he pleased, provided he was of sound mind, and not under

the domination of some scheming woman (15). About all other specific laws critics differ widely.

Solon did not try to equalize property. Probably the old clans had had four classes of citizens. To these Solon assigned definite property qualifications varying from five hundred unit measures for the top class to two hundred or less for the lowest. Only men from the three upper classes could hold office; the top class held the highest offices, and so on down; but the Thetes, the lowest class, could vote for all officials.

Perhaps in Solon's day these property qualifications for office were just. In a state without a public school system, only people with property could obtain the training necessary for efficient service. Perhaps in return for their privilege the upper classes paid special assessments, such as war taxes. At any rate, the abolition of slavery now left the way clear for any capable citizen to acquire property and thus eventually to be eligible for office. Solon did not equalize property but he did equalize the opportunities to gain property (16).

Two executives and two legislative councils protected the constitution and legislation, and initiated new laws. The Areopagus, no doubt derived from the Homeric council of elders, was now to be a panel of ex-archons, whose duty was to guard constitution and laws and to prosecute traitors. A new body of four hundred, one hundred from each tribe, was to review and pass upon all public matters before referring them to the popular assembly. The latter sat both to consider such public matters, and to act as jurymen in cases of appeal (17).

Solon saw clearly that if people were to govern themselves and not respond to all sorts of 'crackpot' schemes for utopianism, they had to be able to make a decent living. He therefore regulated many economic issues. The land could no longer support the population. Solon tried to improve farming, but worked mainly to enlarge other industries. He restricted agricultural export to olive oil, the one profitable crop. Whenever the census was taken every man had to show some gainful occupation or be subject to punishment. To expect support from sons in his old

age, a father was required to teach them a trade. To encourage new trades Solon naturalized skilled artisans permanently exiled from their native land, a revolutionary act, since Athenian citizenship had depended solely upon birth. To facilitate commerce he abolished the old, fixed rate of interest. The new rates were to depend upon the amount of business risks involved.

Also to improve commerce, Solon revised the system of weights and measures and gave Athens its first coinage, linking it to the commercially popular system of Eubœa, an Ionian state, which had light, handy coins. The old Dorian standards of Ægina he threw out. The first Athenian coins date almost exactly to 590, during Solon's reforms. This change facilitated trade with the rich Ionian states of Asia and the Black Sea colonies, and also with the West (18).

Further to establish justice, Solon protected the weak by legalizing the rights of women, minors, and orphans. Free speech, greatly expanded, he protected by allowing older men to speak first in assemblies, and by fining slander of the living or the dead in 'temples, courts of law, public office, and festivals'. Homely rights, as of digging wells or irrigation, he tried to regulate equitably.

Glaring excesses and inequalities he corrected. Ornate funerals were banned: no hired mourners to wail and tear their flesh; no ox butchered at the grave; no more than three suits buried with the corpse. All men were to be equal in death, nor were the living to concentrate on mystic life beyond the grave, but on life in the present. Only in states like Sparta and Bœotia, where democracy failed to develop, did extravagant funeral displays continue. Probably regulations also curbed luxurious display in women's clothes and house furnishings (19), in the effort to encourage greater equality.

One law that puzzled even ancient writers required every citizen to take sides in serious political matters or lose his citizenship. Some think it enforced the citizen's right to sue in defense of a third person. In the writers' opinion, this was merely another safeguard to the new democracy. Like our 'get

out the vote' campaigns, it attempted to mobilize all public opinion, especially to prevent the rise of a tyrant, as Solon's conduct showed when he protested the rise of Pisistratus (20).

How Solon financed his reforms is unclear. Perhaps he got money from silver mines at Laurium, known to have been extended during his time. Perhaps he forced the wealthy to buy back those they had enslaved or sold into slavery. Certainly the rich lost many land and labor rights lately acquired.

SOLON'S IDEA OF HIS REFORMS

What did Solon think of his reforms? What did he set out to accomplish and how far did he succeed? What did democracy mean to him?

Solon began his reforms with the belief that the rich were solely to blame for the civil strife and threat of revolution. Not wealth itself, but dishonest wealth is what Solon first assails. 'I would like to have wealth, but not ill-gotten, because punishment comes sooner or later', he said. Honestly gained money is solid, he said, but dishonest practices, without regard for right and wrong, grow till there is no curbing them. Like wildfire they plunge men into destruction. True, punishment may be delayed; the guilty may escape, but the innocent, their children, and their children's children will then have to pay. Another objection to wealth is that it is uncertain and fosters illusions. Like a critically ill man who thinks he can get well, or a coward who vows to be brave, or an ugly duckling who thinks himself beautiful, so by various methods the poor man tries to get rich and the rich try to get richer. The possession of wealth breeds madness. Greed becomes limitless. 'Even now those with the largest fortunes are striving with redoubled energy for more. What abundance can satisfy everybody?' Solon asks, and answers that although wealth comes from nature it drives many to loss of self-control and finally to destruction (21).

Solon reviews the risks and hardships connected with sea trade, farming, skilled trades, the arts, priesthood, and medicine. He points out the uncertainties of all. Often the honest, hard-working man fares badly, while the good-for-nothing are lucky.

But those are the risks of nature. Fate brings 'both good and evil' to man and he has to take what comes.

Solon observes that energetic, aggressive men form extensive projects and have ability to execute them. Often they become rich and successful. Such men are admirable if they can curb their desires. 'Calm the eager passions of your heart, keep them within reasonable limits; you already have more than you can use', he tells the rich. He adds that whether they curb themselves or not, some check will have to be set up, and in the end they will find it to their best interests. Of the inequalities of wealth Solon states that '. . . many undeserving men are rich, while their betters are poor', and adds that he would not exchange what he is for what they have, because virtue (*arete*) endures, while riches change owners every day (22). Nor do riches guarantee happiness: 'The man who has much silver and gold, big wheat farms with horses and mules, is no greater than a man who has enough to eat and wear and . . . an existence suited to the changing seasons of his life'. Such is true wealth, 'since no one can take his vast hoard down to Hades with him, and no bribe can ransom one from death or dire disease or the creeping evil of old age' (23).

Not the gods, Solon insisted, but the townspeople and their false leaders, with their greed, arrogance, and willingness to ruin their own city 'for love of money' were to blame. Unable to curb their greed, they took any means, no matter how dishonest, to get rich. They stole from each other, from the state, from the temples of the gods. Devising secret plots, these dishonest men preyed on their own city as if it were a foe. They paid no attention to justice; yet justice finally catches up with men, as the terrible condition of the state showed.

Shocked by these heartless excesses of the rich, Solon first sympathized deeply with the poor and their hardships, particularly with their slavery. He hated slavery intensely. Calling as witness the black earth, supreme mother of the gods, 'I removed the stones of her bondage', he said. 'She who was a slave before is now free.' He listed among those he had freed many Athenians justly or unjustly sold as slaves into foreign lands, those

whom destitution had driven into exile, and those degraded to slavery in their own land, who trembled at their masters' whims. He described how quickly bondage had come to many. 'Degrading bondage awakens sleeping war and civil strife', he reminded them. 'The poor and needy in great numbers, loaded with shameful bonds, are sold into foreign lands . . . a man is no longer safe within the gates of his own court, which deny him protection' (24).

After the archonship gave Solon his chance to put into effect laws against slavery and unjust wealth, he was soon disillusioned. If the rich were rapacious and greedy, the poor were ungrateful, discontented, stupid. The poor were full of vain hopes, too. Warmly he defends himself for his change of heart. 'To the common people I gave as much privilege as they needed. I neither took away the rights they had nor held out hope of greater ones. I also considered equally the rights of those with power who were looked up to on account of their wealth, taking care that they suffered no indignity. In fact, I stood so as to hold a stout shield over both groups, allowing neither to triumph unjustly over the other' (25).

The common people would best follow their leaders, he felt, if they were neither too much out of control nor too much restrained. Excess led to arrogance, particularly in men who lacked the sober judgment to stand sudden prosperity. The poor had as many illusions as the rich, he complained. 'Those who gathered to share the spoils had high hopes. Everyone expected to make his fortune and thought though I spoke mildly at the time I would deal sternly in the end. . . . Now they are all angry with me and look sidelong at me with hostile expressions. They have no reason. What I promised I fulfilled with the gods' help. Other things I did not thoughtlessly go ahead and try.' He particularly denies any communistic leanings (26): 'I had no wish to see the rich soil of the land divided up equally among high and low'.

Accused of stopping before he had accomplished what he had promised, Solon cited his freeing the slaves and bringing back exiled refugees. For these measures he had used ' . . . arbitrary

action, bringing force to support justice. The course I promised I followed through' (27). To have achieved more would have meant taking the power of a tyrant, which he had no wish to do. Once when the common people complained that Solon's reforms had not given them what they expected, he burst out, 'If I had not given the people more than they could wish for in their wildest dreams they would not enjoy the blessings they now have'. Equally he was disgusted with the rich, who did not appreciate how moderate were his changes. If they realized how violent had been the people's demands and how really moderate, in comparison, his reforms, 'all the stronger and more powerful men would sing my praises and want to make me their friend, instead of berating me', Solon asserted.

Aristotle (28) also records the general discontent among all classes. The rich were disappointed at the cancellations of debts, and the people thought he 'would institute universal communism of property'. The rich had expected him either to restore the old system or alter it but slightly. Solon went against both, choosing to 'incur the enmity of both by saving the country and introducing the legislation that was best'. 'Equality and justice were my guides', he reiterated; 'I drafted laws which show equal consideration for both upper and lower classes and provide a fair administration of justice for everybody'. He added that an unscrupulous, avaricious man, given his power, 'would never have held the people back' from seizing everything (29).

Disillusioned as he was with the poor for not appreciating the fair treatment they had won, he was even more bitter because both poor and rich thought him a fool not to have made himself tyrant. Deeply as he hated slavery, even more deeply did he despise tyranny. His hatred is equaled only by his pride in having withstood temptation.

Not only did he have the chance to seize power, but leading men on both sides urged him to take it. Even neutrals recommended the seizure because they saw how hard it was to accomplish needed changes by logical reasoning and lawful methods; therefore they were 'not reluctant to have one man, the justest

and wisest of all, put at the head of the state'. Some people told of an oracle to Solon from Python:

Take, thy seat amidships, the pilot's task is thine;
Perform it; many in Athens are thine allies.

Others, 'the ignorant majority', ridiculed him, accusing him of being too weak to make himself tyrant. 'Solon is neither wise nor shrewd', he quotes them, 'Of his own free will he refused what Heaven offered him. He cast his net, pulled it up full of fish, and then was too weak and simple to draw it in. Why, if I had had his chance to get vast riches and to rule Athens even for one day, I would be willing to have my skin flayed off and made into a winesack, and my name wiped out' (30).

Some of his close friends teased him for turning down the chance at supreme power because he feared the name of tyrant; 'as if the virtue [*arete*] of him who seized it would not at once make it a lawful sovereignty', they argued, reminding him that Eubœa had found this true of Tynnondas, and also the Mitylenæans, now that they had chosen Pittacus¹ as tyrant. Perhaps these same friends were the ones who reputedly tried to use their advance knowledge of the reforms to enrich themselves. Solon quickly denounced them. Solon stubbornly replied that tyranny was 'a lovely place, but there was no road back'.² But for his self-restraint in refusing to 'exercise a tyrant's power', the state would have had civil war and lost many of its sons. To Phocus he wrote (31), 'If I spared my native land and did not lay hold upon a despotism of harshness and force,

¹ A Thracian peasant, Pittacus, was evidently given the rule of Lesbos for ten years after he overthrew the unscrupulous Melanchrus. At the end of his term, despite the surprise of both friend and foe, he retired to his small farm just outside the capital. He felt that the trend of the times was against dictatorship and for wider rule by popular government. (*Pittacus*, unpublished manuscript by M. Grant, Professor of Latin and Greek, University of Kansas.)

² 'These men to whom the National Socialist Party now gives everything . . . must know and realize that from now on there is no road back for them. He who fails or would betray . . . the Leader will be destroyed by this order', wrote Dr. Ley to students whom the Nazi elite were training to be future rulers of Germany. (*Time* [Education], Feb. 19, 1945.)

thereby staining and defiling my reputation, I am not ashamed. I believe that in this way I shall all the more show my superiority over other men.'

Aristotle and Plutarch agree with Solon's self-defense. Aristotle (32) rejects an accusation of graft, 'for, considering [Solon's] moderate, public-spirited course, . . . when he had the chance to subdue one group and so become tyrant, instead he incurred the enmity of both, and valued personal honor and public safety more than his own aggrandizement, it is not likely that he blackened himself in trifles. And he did get the chance to be tyrant, as the confused affairs, his own allusions, and the agreement of all prove.'

After Solon's archonship and his return from abroad, he warned (33) the people to watch Pisistratus or their own folly would make them slaves. 'Having raised a man to too high a place, you cannot hold him back easily later on', he said. Even after Pisistratus had seized power he still urged them not to give up: 'Now it is a greater and more glorious task to uproot and destroy despotism'. Their servitude was their own fault. 'Do not blame the gods. You yourself raised these men to power and thus reduced yourselves to servitude. Individually each of you is shrewd as a fox, but collectively you act like fools. For you listen to what a man says and promises and do not see what is going on under your eyes', he upbraids them. To Solon, slavery and tyranny are the two extremes of the same condition. Each is equally detestable. He had righted the wrongs he had promised. Above all he had revised the constitution and enacted a set of laws that would give the Athenians equality before the law and justice, if they would obey them. The laws, inscribed on wood or stone, could be consulted in some public spot by all.

Lawlessness, he felt, caused the state more harm than did any other cause. 'But a law-abiding spirit [*Eunomia*] creates order and harmony and at the same time curbs evildoers. It makes rough things smooth, it checks excessive desires, it dims the glare of wanton pride, and withers the budding blossom of wild delusion. It makes crooked judgments straight and softens

arrogant behavior. It stops seditious acts and ends the anger of bitter strife. Under the reign of law, sanity and wisdom prevail always among men' (34).

To liberate the enslaved, Solon had used force tempered with justice, drafting laws 'which show equal consideration for the upper and lower classes, and provide to each person a fair administration of justice'. The rock of justice (*Dike*) is unshaken; though silent, justice knows what is going on and in the end demands retribution, he asserted (35). Justice wins. One man pays the penalty early, another late. The guilty may escape but then the innocent have to pay.

Plutarch's account of the seven wise men is certainly fanciful, but he has Solon say to *Æsop*, 'Even now the Athenians listen to one herald and ruler only—the law, under their democratic constitution. You may think the city ruled by one man is best off, yet in a social group you think it a virtue for everyone to join in the conversation' (36).

The good leader is an arbitrator, a man who sees both sides of a question and effects just compromises. He deals impartially with all groups, uses just enough force to obtain justice. People best follow a leader if they are neither left too free nor held down too much. It is not weakness, but strength and wisdom to refuse supreme power. To do so preserves one's good name and in the end makes one superior to others. The greatest good is character and knowledge. They endure, while riches vanish. Wisdom helps man to understand nature, to see what risks life demands, to perceive what happiness is attainable. Certainly no life can be pure bliss. For fate does not practice justice in the short view: that is, the good come to grief while the wicked prosper. Wisdom teaches man to understand reality. Love of justice creates order and harmony in the state. 'Under the reign of law sanity and wisdom thrive among people.' Such was Solon's political philosophy, the aim of his constitution and laws.

Solon was not fanatic in his hatred of arrogant wealth. His way of life, Plutarch tells us (37), was 'expensive and profuse . . . he speaks of pleasure with more freedom than becomes a philos-

opher'. Plutarch believes that Solon enjoyed luxury and sensual pleasure as the reward for risks he took in mercantile life. Solon himself speaks of the pleasures of Aphrodite, Dionysus, and the Muses. He defines the best home as one in which no injustice attaches to making money, no distrust in keeping it, and no repentance in spending it.

Despite his hatred of tyranny, Solon used what force was necessary to put his program into effect. Several times he emphasizes that a moderate amount of force was necessary.

Like modern democrats, Solon believed in consulting specialists. Just as earlier he had called in Epimenides from Crete, so during his lawmaking he appealed to Anacharsis (38), a Crimean visitor to Greece. Interested in stimulating trade between Greece and the near East, Solon gladly sought information from a man from the Black Sea. In a discussion about law, Anacharsis denied that written laws check injustice and rapacity. Like spiders' webs, he said, the laws enmesh weak and delicate offenders but are torn to pieces by rich and powerful lawbreakers. Solon replied that men keep contracts which neither party profits by breaking. He was formulating his laws to make all citizens see how the practice of justice pays better than does disrespect for laws. *Dike* (justice) and *Eunomia* (order) were Solon's ideals (39).

Nowhere does Solon appeal to religion in order to base or bolster social ethics. A conventional phrase here and there equates gods and fate as 'with the gods' help', 'wealth which the gods give', 'may the Muses grant prosperity', 'the fate of the gods'. Once, as defense of his abolition of slavery, Solon invoked Ge, black earth, supreme mother of the gods. The implacable punishment of Zeus he defined as the result of man's transgressions. He urged men not to blame the gods for evil misfortune which could be traced to their own incompetence; not Zeus and the gods but the townspeople and their false-hearted leaders brought doom to the state. Though he speaks of death several times, Solon does not mention a life after death, though Attica was the home of the Eleusinian Mysteries.

AFTER THE ARCHONSHIP

The constitution and the laws completed, Solon justified his course to his critics. But complaints, questions, suggestions continued. He had asked for a ten-year trial of his laws (some say one hundred years). He believed people should learn to depend on themselves 'as he [Solon] did not think it fair for him to stay and explain his laws, but for everybody to carry out their provisions for himself' (40). He did not want to remain and incur further enmity. Solon gave the excuse of foreign travel and sailed away on a ten-year trip. We know little about the trip nor how long he was away, except that he went to Egypt, where he perhaps studied, and stopped at Cyprus, where his friend Philocyprus reigned.

Meanwhile the new order in Attica lasted peacefully only three or four years. Twice the annual election of the archon was omitted because of political trouble (41). Upon his return Solon, though a tired old man, conferred privately with leaders of the three factions (42) which were based on sectionalism. Pisistratus, leader of the hill ranchers, and advocate of extreme democracy, was Solon's cousin. Seeing at once that his cousin meant to seize power, Solon tried to dissuade him, noting that 'no man would be more disposed to virtue or a better citizen' if he would curb his ambition for power.

He warned the people to watch sharply or else through their own folly in raising a man too high they would sink again into slavery. Contemptuous of the wounds, self-inflicted to gain sympathy, Solon urged citizens to refuse Pisistratus his request for a bodyguard, which later he did use to seize power. Even then Solon begged them to fight. Finally he gave up. 'Do not blame the gods for your evil fortune, but your own incompetence', he said. 'You are the ones who raised these men to power and reduced yourselves to wretched slavery. Although individually each of you is shrewd as a fox, collectively you are a set of fools', he lamented.

Time, as Solon predicted, vindicated him and forgot his cousin. Later Athenians looked upon Solon as their greatest

man, and reviled Pisistratus and his sons; yet Pisistratus proved to be a benevolent autocrat who for the most part carefully enforced Solon's laws and gave the people good training in citizenship (43).

Solon lived for two years after Pisistratus seized power.

SOLON'S EARLY LIFE

Since we know little about Solon's family and childhood, we can trace few formative influences in his early years.

He was born about 640 B.C., of an important Athenian family. His father, Execestides, claimed descent from Poseidon, Neleus, and Codrus. Codrus, the last king, had sacrificed his life for his country when the Peloponnesians threatened invasion. His mother's name is unknown.

Execestides, a man of moderate means, had 'impaired his estate in various benevolent charities', and Solon, though he could have got help, was 'ashamed to take from friends when he belonged to a family that had always helped others'. As a young man he took up the sea as a trade. Some said he traveled to get experience and learning rather than money. But Plutarch's apologies (trade in those times did 'not entail social discredit', he explained) as well as Solon's mention of his trips indicate his business affairs.

Solon probably never married. Two late writers mention a son, but in records extant no Athenian claims direct descent from him. Though tradition favors the idea that Solon had a younger brother, Dropides, ancestor of Plato, the line of descent is not clear. Ancient commentators attribute to Solon both homosexual (e.g., with Pisistratus) and heterosexual attachments. His own writings allude only vaguely to love and may be variously construed (44).

Solon the political writer was early a man of action. Among other nobles he arbitrated the bitter quarrel between the followers of Cylon and of Megacles. After Cylon's unsuccessful attempt to seize the Athenian power, his followers had claimed sanctuary in the temple of Athena. The archon Megacles promised them fair trial if they would disperse and then treacher-

ously killed them, some at the very shrine of the Eumenides. Solon and the others persuaded Megacles' family to stand trial by three hundred jurymen to be chosen from the nobility. The family was found guilty. Those still alive were banished; the dead were exhumed and buried outside the borders. When priests declared further expiation necessary, because the city was still polluted by murder, Epimenides came from Crete, probably at Solon's invitation. Crete was famous for its modern legislation, and Epimenides helped pave the way for Solon's work by moderating harsh funeral customs and making the city so decorous and moderate in religious services that it was 'observant of justice and more easily inclined to unanimity'. At departure he refused all honors and money, asking only for a branch of their sacred olive (45). The affair of Cylon illustrates Solon's love of arbitration, and Epimenides' visit his respect for wisdom.

Salamis, just west of Attica, commanded the exit to the sea-ports of both Athens and Megara, which fought for possession of the island. Finally Athens, exhausted with war, passed a law forbidding anyone on pain of death to reopen the question. When Solon saw that many young men shared his deep sense of shame and disgrace (we do not know the details of the long struggle), he first pretended a psychopathic illness,³ then suddenly appeared, mounted the herald's stone, and recited verses begging (46) Athenians to 'fight for the lovely isle and put away dishonor, so hard to bear. I would rather give up my land and become a Pholgandrian or Sicinian [two small, obscure islands] than have people say, "This Athenian is a giver-up of Salamis".' Solon believed deeply in Attica's rightful claim to Salamis. To volunteers he promised homesteads upon victory, but he probably did not head the expedition, as some writers assert. He may, too, have urged (47) the Amphictyonic League of Greek States, of which Athens was a member, to back up their guarantee of protection to the sanctuary of Delphi, when it was attacked by Cirrha.

³ Freud reports the primitive hero as 'usually a youngest son . . . who represented himself to the father surrogate as stupid, that is to say, harmless'.

SOLON'S DEATH

Solon tells that as he grew old he was 'ever learning many things that are new'. He disagreed with the Spartan poet, Mimnermus, who wanted to live free of illness and anxiety and die at sixty: 'Change your poem to read, "May it be my lot to die in my eightieth year"'. He wanted his death to be 'not unlamented, and may I leave to my friends when I die a heritage of grief and tears'. Solon seems to have treasured his friends. To them he wanted to be 'as a sweet savor; . . . a bitterness in the mouth of my enemies; by the ones respected, by the others feared' (48). For the rest, he asked to be blessed early in life with prosperity by the gods and to have a good name among men. After his death his ashes were scattered over the island of Salamis.

SOCIODYNAMIC REFLECTIONS

The records about Solon's early life, and especially about the circumstances and the personal motivations that led to his being given the opportunity and the responsibility of playing the role that he did in a great crisis in Athenian history, are too scanty to permit reconstruction. Despite these inadequacies of the record, Solon's own writings give a vivid picture of the conflicting motives that raged around his reforms.

Solon began his task with the conviction that the greed of the rich was responsible for the civil strife with which the state was threatened. He was evidently profoundly impressed with the thought that the possession of wealth tends to give rise to inordinate greed. To this he opposed his own ideal that satisfaction in the possession of wealth should be balanced by moderation of greed and ambition, and by high personal integrity. Repudiating great wealth and power for himself, he tried to restrain excessive competitive ambition in others by emphasizing the duty of self-restraint, the great benefits of obedience to law, and the value of civic participation by all citizens.

Solon was not the leader of a revolution. By birth and position he belonged to the highest social class. At the time when we first get a clear picture of him he was being entrusted with extraor-

dinary powers to play the role of supreme arbitrator in a political crisis. He must have been strongly identified with his unfortunate fellow countrymen to have acted on their behalf as other democratic leaders have done when they themselves, as well as their followers, were more directly threatened.

It was not only when others aspired to be tyrants that Solon hated tyranny. Perhaps the most remarkable passages in his writings are those in which he defends himself against charges of weakness because he firmly refused to seize arbitrary power when he could have had it. Here we have most conclusive evidence of the strength and earnestness of his reaction against the greed for power.

In this firm self-restraint we have an impressive example of one of the motives that is most essential for the success of a democracy. Self-government is self-restraint. If a people are to govern themselves, they must be able and willing not only to rebel against the arbitrary authority of others, but also to submit to the legitimate authority of the laws that they themselves make and of those whom they choose to enforce them. In order that there may be sufficient mutual trust and confidence to make possible effective coöperation, it is necessary not only that the members of a democracy should be alert to resist despotic usurpation of power, but also that they should be willing themselves to renounce the desire to seek arbitrary power over others. In Solon we have one of the earliest examples of such self-restraint.

That Solon had to defend himself so energetically against the charge of weakness because he refused to seize despotic powers illustrates a psychodynamic dilemma which confronts every democracy. The success of a democracy depends upon a very delicate equilibrium. The very essence of democracy implies a renunciation of the more extreme forms of competitive struggle between its members; in order that all may be secure without being ruled by a tyrant it is necessary that everyone must renounce the desire to be a tyrant. The potential leaders must be loyal to the principle that their authority is derived from the

fact they are chosen as the temporary representatives of those whom they govern.

Danger threatens, however, if the self-assertive impulses of the members of the community are too much inhibited. A community whose members are too ready to surrender their individual interests to the general welfare becomes only too ready to succumb to the usurpations of the next tyrant. Both excessive self-assertion and excessive inhibition of self-assertion are dangerous to a democracy.

Solon's defense against the charge of weakness for his renunciation of a tyrant's power illustrates most dramatically this need for a balance between self-restraint and self-assertion in the democratic leader. It also formulates ideals of justice and fairness and of a law-abiding spirit as the principles by means of which that balance can be struck. And it is evident that he envisaged a state in which all citizens should participate in important political decisions (even if not directly in the making of laws), for his law required that every citizen take sides in political conflicts on pain of losing his citizenship.

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AUTONOMIC RESISTANCES IN WORD ASSOCIATION TESTS

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I have suggested elsewhere that the concept of paraphasia should be widened to include a group of speech deviations which are commonly ignored.¹ The speech with which that paper was concerned included word repetitions, tautology, grammatical slips which involved illogicalities (e.g., a plural noun and a singular pronoun and a switch in gender), use of pretentious or out-of-character words, uncompleted sentences, contradictions and hesitatory formulas such as 'I don't think', 'I don't know', 'Not that I know of', 'I mean', and 'Well'. It is suggested here that a number of additional acts should be classed as paraphasic.

Among well-known hesitatory interjections are 'er', 'ah', 'ha', and 'um', and combinations of these. There is little semantic difference between these interjections and 'well' as used in, 'Well, I'm not quite sure'. The cognitive content of the sentence is unchanged, for example, if the version runs, 'Ah, I'm not quite sure'. The superficial difference lies in the fact that 'well' has certain reasonably clear connotations as a noun and adverb (and is also used occasionally as an adjective and a verb), whereas 'ah' has no definite meaning. Once 'well' is used in contexts where it is interchangeable with 'ah', its cognitive content vanishes almost completely. It becomes an emotive verbal act, like any other interjection, and, as such, represents a disturbance in an otherwise meaningful context.

Since psychoanalysis is persuaded that such disturbances in the stream of speech are psychically determined, the occurrence of these minor hesitatory acts becomes scarcely less interesting than more obvious speech blunders. They must have some cause. They must serve some purpose. Freud's classic study of speech blunders in the *Psychopathology of Everyday*

¹ Baker, Sidney J.: *Speech Disturbances: A Case for a Wider View of Paraphasias*. *Psychiatry*, XI, 1948, pp. 359-366.

Life has revealed the nature of these psychic determinants. But once one concedes that interpolations like 'er', 'ah', 'ha', and 'um', and their combinations are not pure linguistic accidents, one is confronted with a group of allied acts on the borderline of speech which obtrude frequently into linguistic contexts. The nature of these acts will become clear in the following inquiry, which is based on evidence from word association tests.

For example, testee A was given the stimulus word 'love' and replied, 'ha, hate'. Testee B said 'hate, ha'. Testee C said 'hate' and then laughed briefly so that his complete response could be rendered 'hate, ha ha'. From habit, word testers would class all these answers simply as 'hate', which would mean that some form of censorship had been imposed since no distinction would be made between the responses of A, B, and C and the response of testee D, who simply said 'hate'. A, B, C, and D have, in fact, given four quite distinct answers. Indeed, the individual nature of their responses is only a little less obvious than the responses of other testees who gave the words 'sex', 'men', 'mother', 'woman', 'penis', and 'loveliness' as associations to the stimulus word 'love'. There might be little guide to the reason for the augmented responses of A, B, and C were it not for the fact that testee J, who answered 'loveliness', did so only after a delay of seventeen seconds, during which she declared in a semi-interrogatory fashion, 'The first word I have to say to you. . . ?'

Many years ago Sandor Ferenczi remarked that '. . . with several patients, talkativeness proved to be a method of resistance'.² If it can be conceded that the comment, 'The first word I have to say to you. . . ?', plus the accompanying delay in securing a single word response, would almost certainly indicate resistance, then one might conclude that a preliminary 'ha' is a similar, although less obvious sign; and since resistance does

² Ferenczi, Sandor: *Further Contributions to the Theory and Technique of Psychoanalysis*. London: Institute of Psychoanalysis and Hogarth Press, 1926, p. 128.

not necessarily precede a response, there is reason to suspect that 'hate, ha' and 'hate, ha ha' also betray resistances in the testees. The 'ha ha' in the last example is an approximate rendering of a short laugh, and, on the basis of preceding conclusions, is considered to be the manifestation of resistance.

Before pressing this point, however, more examples will be examined. To the word 'homosexual' one testee said 'men' after a delay of eight seconds; another paused fifteen seconds, eructated and, after another six seconds, said 'homosexual . . . friendly'. A third testee waited six seconds and said 'pink'; a fourth paused ten seconds and said 'grass'; a fifth laughed shortly and said 'queen'; a sixth paused sixteen seconds and said 'I think of retarded'; a seventh took a heavy breath and said 'latent'; an eighth sighed clearly during a twelve-second pause and said 'no'. Others responded almost immediately with simple, ungarnished words. Surely there must be some link between temporal delays in such tests and respiratory and other acts emerging during those delays. If delays are regarded as probable indications of resistance, the same significance may be attached to the intervention 'I think of. . .', to repetition of the stimulus word, and to a laugh, a belch, a heavy inspiration, and a sigh, all of which occurred during delays.

A distinction which it may be possible to make is that simple delays represent passive resistances, whereas the additional acts are active manifestations of resistance—hence aggressions. Whether these tentative deductions are acceptable, it is at least clear that extralinguistic acts appear with sufficient regularity in word tests to merit attention.

The tests used in this inquiry consisted of the list of sixty words formulated by the Menninger Clinic, plus sixteen examples selected for their likely disturbing effect. A summary of the responses covers two broad groups of extralinguistic responses: those that occurred before a simple word response was given and those that occurred after.

Before: 'ha', 'ah', 'um', 'er', 'hmn', 'ha-um', 'aw'; brief laughs; yawns; borborygmus; belches; coughs and clearing of the

throat; swallowing; a phonetically indefinable noise in the mouth accompanied by a working of the jaw; heavily marked inhalation and exhalation; sighs; sniffs.³

After: 'ha'; 'ha ha'; laughs; swallowing; coughs and clearing of the throat; belches; yawns; heavy inhalations and sharp exhalations; sudden irregularity in breathing. One testee developed hiccups by the time the full test was done.⁴

These findings have more than a little in common with some observations made by psychoanalysts during treatments. For example, analysts have recorded that such somatic 'accidents' as borborygmus (apparently due to heightened peristalsis) in patients during treatment are infallible signs of resistance and, even more pointedly, should be regarded as aggressions directed toward the analyst. Ferenczi has noted: 'It sometimes occurs that analysands have to resist the inclination to pass a clearly audible and also noticeable amount of flatus in the course of the hour; this usually happens when they are being refractory with the doctor. This symptom, however, is intended not only to insult the doctor, but to intimate that the patient intends to allow himself things that his father forbade him, but permitted himself.'⁵

With these observations to serve as a guide, it can be appreciated that if, in word tests, marginal linguistic acts are interpretable as acts of aggression, other extralinguistic acts appearing during tests—such as coughs, laughs, belches, yawns, borborygmus—are also aggressive in type since they are interchangeable with the marginal acts.

Both groups of involuntary acts are presumably linked by

³ The fact that hesitatory speech acts occurred in conjunction with these responses leads to the conclusion that they may be largely interchangeable, and have much the same psychic significance. Among hesitatory phrases used were: 'I think of. . .', 'The first thing I think of. . .', 'Oh, it's a funny word. . .', 'Well. . .', 'There is a mixture there. . .', 'My mind is stopped by. . .', 'I am sorry, but. . .'

⁴ Hastily spoken words also follow some single word responses, e.g., in response to the stimulus word 'bite', a testee said: 'Love. . . I really meant teeth there'.

⁵ Ferenczi, Sandor: *Op. cit.*, p. 325.

common innervation through the craniosacral or parasympathetic part of the autonomic nervous system, in particular the vagus nerve. Neither group of responses has any perceivable cognitive (ego) value. For example, there is no more semantic significance in the marginal linguistic acts, 'er', 'ah', and 'um', than in a sharp cough or a laugh, or, for that matter, in flatus or borborygmus. The most that can be said is that 'er', 'ah', and 'um' are nearer to the orthodox level of speech in that they are rendered in approximate phonetic form when they occur in speech, whereas few attempts are made to deal similarly with the other acts. This leads one to a feeling that both groups should be regarded in the light of 'somatic statements', deriving their energy direct from the id and expressing it through the highly sensitive parasympathetic nervous system. I feel it may be justifiable to attach the word 'statements' to these acts, because they appear involuntarily in word tests in place of anticipated cognitive responses, and, as such, have a part in what Malinowski has aptly called 'context of situation'.⁶ They are id answers instead of ego answers.

'Somatic statements' are, of course, anything but uncommon. They occur repeatedly in everyday speech relationships, but are often ignored. Freud once remarked that a female patient had an organic feeling in her genitals which 'joined in the discussion'. In the classic case of the Wolf-man⁷ he notes: 'I then had the satisfaction of seeing his doubt dwindle away, as in the course of the work his bowel began, like a hysterically affected organ, to "join in the conversation"'. More obvious examples of 'somatic statements' occur in word tests when testees shift in their chairs, wave their hands, tap their fingers or feet, wet their lips, scratch their heads, screw up their eyes, hunch their backs, etc. These unpremeditated acts also should properly be included under the broad heading of extralinguistic responses.

⁶ Malinowski, Bronislaw: *The Problem of Meaning in Primitive Languages*, supplement to *The Meaning of Meaning* by C. K. Ogden and A. I. Richards. London: Kegan Paul, Trench, Trubner & Co., 1923.

⁷ Freud: *From the History of an Infantile Neurosis*. Coll. Papers, III, p. 552.

In passing, some reference is justified to the 'somatic statements' made by Freud's patient Dora.⁸ Among them were dyspnea and fits of coughing. These disturbances clearly belong to the group of extralinguistic acts studied here, although they are in a more exaggerated form. Freud showed that these symptoms of Dora were important guides to the nature of her anxiety. Primarily they represented resistances. Dora also suffered from bouts of aphonia. Of this symptom Freud wrote: 'When the person she loved was away she gave up speaking; speech had lost its value once she could not speak to him'. In short, Dora unconsciously censored that which she valued most. Elsewhere⁹ I have shown that the unconscious aim of all censorship is not the purging or erasure of the censored material, but the preservation of that material in its most highly cathected form. Dora valued speech relationships with her loved one so greatly that she sought to preserve speech for him alone. She did not, in fact, wish to give up speech entirely, but only with people other than her loved one. Her coughing and breathing difficulties were more active symptoms; in fact, they were aggressions directed against the external world and against the people in that world, of whom Freud was one.

Phonetics makes it possible to show in simple fashion the link between some of the acts noted in responses to word tests. For example, a hiccup can be shown to be closely akin to a cough, and both are phonetically akin to the interpolation 'ha' and to laughter which is often a succession of 'ha' sounds, or hiccuping, or coughing sounds.

In so far as it may be possible to regard these various acts occurring in word tests as active resistances or aggressions, what special purpose do they serve the psychic mechanism? At the conclusion of an earlier paper on paraphasia (see footnote 1), I traced some part of what may be conceived as the psychological mechanism of the interpersonal speech relationship. Special attention was paid to the theory of silences which asserts basi-

⁸ Freud: *Fragment of an Analysis of a Case of Hysteria*. Coll. Papers, III.

⁹ Baker, Sidney J.: *The Hoax of Censorship*. Int. J. of Sexology, II, 1948, pp. 111-114.

cally that the unconscious aim of all speech is silence. This is the silence of psychic equilibrium characterized by reciprocal identification between speech partners (a not uncommon experience of lovers or intimate friends), and must be distinguished from the 'negative' silence of acute emotional disturbance as in anger, fear, or hate, where reciprocal identification between people is absent and, during the currency of the acute disturbance, unattainable.

Speech is usually an act in partnership; it requires a hearer as well as a speaker. Like the sexual act, speech serves to release tension; it achieves its unconscious aim when the partners are symmetrically identified with each other, and jointly achieve the release of tension in partnership. It becomes clear from this how Dora came to place special value on speech. Only in speech with the man she loved could she obtain the psychic equilibrium and the release of tension she sought. In his absence, she suffered acute tension, which was manifested in dyspnea and coughing fits and, occasionally, in aphonia. This aphonia was the 'negative' silence referred to above.

Psychic equilibrium or, alternatively, full release of psychic tension is by no means so frequently attained in speech relationships that it can be regarded as the inevitable outcome of every speech situation. But it is the unconsciously desired end, and every act of speech represents an unconscious effort to attain it to the greatest degree possible. In any speech situation difficulties may arise. To quote my earlier paper: 'Speech serves to discharge psychic energy, and our whole lives are oriented toward achieving intrapersonal psychic equilibrium. In the course of these efforts, which we are under continual compulsion to renew, we encounter many obstacles. Among them are questions we are obliged to answer and requests to tell the whole truth and nothing but the truth. In this way conflict arises. In the first place, there is the unconscious intrapersonal drive to arrive at positive silence and, in the second place, there is the imposed demand from without that this silence—and its reward of psychic equilibrium—can be achieved only by obeying certain rules or orders. In this

contest between the id and reality, the ego is called into service. . . . The resulting struggle will certainly be revealed in speech. If the external world inflicts serious traumas on the id, those traumas will be revealed in fixed nonorganic speech disorders. Where the traumas are less serious they will be exposed as paraphasias.'

It is clear that paraphasia includes many symptomatic acts not identical with slips of the tongue. To quote Freud, there are speech disturbances which 'do not injure the individual word, but affect the rhythm and execution of the entire speech'.¹⁰ Among these disturbances can certainly be included the marginal linguistic acts, 'er', 'ah', 'ha', and 'um'; and, since there is a demonstrable affinity between these and extralinguistic acts such as hiccups, laughter, coughs, throat clearing, and belches, there is justification for including these acts on the outer rim of paraphasia. Even if it is not possible to regard them as paraphasic themselves, they are certainly not so far removed from the subject as to be ignored altogether. In so far as they occur in speech, they are clearly acts of a kind, unconsciously replacing speech. They are the compromise of a clash between the id and the ego. When the ego fails in its task of controlling speech, the expression of certain libidinous drives in the id takes other routes. Through innervation of the parasympathetic nervous system, certain bodily organs 'speak'. In word tests this 'speech' is an aggression, an unconscious effort to silence the tester and thereby to remove the external author of intrapersonal tension.

Ernest Jones¹¹ and J. C. Flugel¹² have drawn attention to the motif of castration behind the story of the Tower of Babel. Tradition says that Jehovah destroyed the Tower by his breath or by a strong wind. Since the Tower was a linguistic affront to Jehovah, he blew down the Tower to silence the offending

¹⁰ Freud: *Psychopathology of Everyday Life*. In: *The Basic Writings of Sigmund Freud*. New York: Modern Library, 1938, p. 86.

¹¹ Jones, Ernest: *Essays in Applied Psychoanalysis*. London: Institute of Psychoanalysis and Hogarth Press, 1923, p. 354.

¹² Flugel, J. C.: *Men and Their Motives*. New York: International Universities Press, 1947, pp. 186-193.

tongues. The earlier example from Ferenczi of the release of anal flatus by an analysand was a parallel aggression entirely in keeping with the symbolic link, breath—wind—flatus. It requires no great stretch of the imagination to enlarge this complex of symbols to include the associated acts noted above which have the same unconscious aim.

From a psychoanalytic viewpoint, the process may be reconstructed as follows. The testee's libidinous outlet in speech encounters an obstruction in its release. The obstruction is the tester's stimulus word, which catches the testee's ego unprepared to cope with a flood of affect from the id, to which the ego reacts by resistance. If the cathected id images or ideas associated with the stimulus word are sufficiently strong, a conflict ensues which tends to be projected onto the tester as the cause of the irritation. The inner threat is thus transformed into an aggressive impulse, but because the whole process is under the surveillance of the superego, this aggression must take a form which is not recognized as such by the ego. The result is a 'somatic statement', an involuntary act which, at least in some cases, derives from the parasympathetic nervous system. This act serves in some degree to restore the testee's disturbed equilibrium. Since it is unconsciously aimed at silencing the tester, it is an effort to gain a goal of silence in equilibrium—the aim of all speech.

THE INABILITY TO REMEMBER DREAMS AND JOKES

BY MARTIN GROTJAHN, M.D. (LOS ANGELES)

Frequently people clearly remember that they dream, yet find themselves frustrated by their inability to recover images of the dream on waking. Witticisms are similarly forgotten, and many people are incapable of telling jokes, however much they may have enjoyed them when they heard them. Freud described and analyzed many similarities between dreams and witticisms, but does not mention the ease with which both are repressed and forgotten.

This disturbance is not a failure of retention in memory. The difficulty lies in the inaccessibility of jokes to recall. The forgetting of a joke is more often regretted than forgetting a dream.

The awareness of the loss, the conscious inability to correct it, the feeling of frustration, and the relief when the connecting link is discovered, all show that a repressive force is at work. In hearing a joke, unconscious impulses in the listener are activated, but the censorship requires repression. The momentary release from repression is a factor in the enjoyment. Listening to a joke, however, is a passive experience. To repeat it to another is an act of will and may require stricter censorship. The eruption of the repressed occurs at the moment of laughter; forgetting prevents the crime of retelling and of turning the momentary pleasure into a more lasting one.

An example will illustrate the mechanism. Three friends were conversing about the recent death of several colleagues. Following a pause in the talk, one of the three remarked kindly, 'The wrong ones always die first'. Another period of silence was broken by one of the men who told a joke. The next day, one of the group, a lawyer, wanted to tell this joke but found with annoyance that he could not remember it. He clearly remembered the scene in which his friend told the joke, and recalled that while the joke was being told he looked first at the storyteller and then at the third member of the group. He could hear clearly the dialogue of the persons quoted in the witticism, but the point of the story eluded him completely. He was almost painfully aware of a blocking of his thought process.

A week later, our lawyer, who still had not been able to recall the joke, learned of the death of a respected, elderly local attorney. He felt genuinely sorry, but could not restrain a momentary, inappropriate impulse to smile. He then vaguely remembered the forgotten joke, which he thought the deceased himself might have told him.

Several days later, while still under the impact of the news of the death of the elderly attorney, the lawyer listened to the narration of a dream illustrating strong death wishes, even among friends or relatives. At this point, he told a joke: a husband and wife were jestingly discussing arrangements for the wife's funeral. She remarked, 'One thing you must promise me: after I die you must console my mother; you must ride with her in her car to my funeral'. A heated discussion ensued in which the husband found himself saying: 'If I have to ride with your mother I will have no fun. You have spoiled it all!'

After telling the joke, the lawyer recognized in it the lost witicism for which he had searched his memory for many days. What he could not remember by conscious effort, he now recovered easily and spontaneously. He now knew why he had forgotten the joke and the reason for the eventual rediscovery. The point of the joke had been the shocking revelation of a husband's wish for his wife's death, and—most important—his momentary enjoyment without guilt.

The husband's naïve preparation in fantasy for a kind of celebration of liberation, which he did not want spoiled by his mother-in-law, was felt with surprise. The revelation of hostility and displaced guilt permitted enjoyable release in laughter.

The forgotten joke had been told in an atmosphere of sorrow about the death of 'the wrong people', implying death fantasies, if not wishes, against some still living colleagues; moreover, it brought to the lawyer's mind a highly unpleasant association: 'If X, whom I despise, were to die, I might be asked to give the funeral oration, and that would spoil my triumph'. As this was more than the speaker's censorship could tolerate, the joke and its implications were suppressed.

SUMMARY

The inability to remember jokes and dreams is determined by the same mechanism. In the instance of a forgotten joke, the repres-

sing censorship was directed against the latent unconscious tendencies in the witticism. This is illustrated by an example involving unconscious death wishes.

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A NOTE ON THE TELEPHONE AS A TECHNICAL AID

BY LEON J. SAUL, M.D. (PHILADELPHIA)

All thinking is restricted by inertia. We think as we were taught to think. New ideas, attitudes, and approaches always encounter resistance. This is especially true in psychoanalysis, where because the personal analysis mobilizes the unconscious submissiveness to the parents, and the narcissistic identification with them, the teacher's authority tends to be unusually great, and carries with it special obligation to impart a truly academic and scientific outlook. This is an ironic quirk in a science born of one man's devotion to reality despite the weight of all sorts of authority.

In view of these considerations, one wonders if the idea of using modern technology in the form of the telephone, as an adjunct to psychoanalytic technique, will be met with horrified resistance, or whether most analysts are already far ahead of this in their thinking and anticipate experimenting with televisual communication if and when this becomes practicable. At any rate, the use of the telephone in psychoanalytic treatment is the topic of this note. To my knowledge there is no reference in the literature to the use of the telephone in this connection. Probably, however, many analysts have accumulated considerable experience with it.

In practice one not infrequently encounters such a case as the following. A young woman had a very traumatic childhood, and had an almost complete amnesia for everything before the age of ten. Her human relations were so painful that she had only very few tenuous contacts with people. She feared to let herself go in any relationship lest she become so terribly dependent that she lose her freedom of action, and be rendered intolerably vulnerable to the slightest rejection. These were her reactions in the transference. The idea of free association terrified her. She felt, she said, as though she would rather jump out of the window than tell her thoughts freely. With her great guilt and her fears of rejection, free association meant to her that she would be sadistically censured by her mother and rejected by her father as she had been in actuality in childhood. Daily interviews were more than she could endure,

and less frequent visits did not solve the problem. She was too disturbed, the transference was too painfully anxious for her to tolerate, nor could this resistance be resolved quickly enough for treatment to progress. Being almost destitute of object libidinous relationships, she was, inevitably, suicidal. Too anxious in the presence of the therapist to talk but also desperate for help, she would, when her distress became threatening enough, telephone.

Two facts quickly became apparent. The first was that the telephone calls came at the periods of greatest distress and desperation, and therefore in timing made the maximal use of her wish for help; second, whereas the transference in personal interviews in the office was far above the optimal level, so intense as to interfere with treatment, on the telephone she was much better able to talk freely. *Thus, the telephone caught the therapeutic urge at its maximum and diluted the hyperintensity of the transference to intensities which the patient could endure.*

Accordingly, no restraint was put upon her use of the telephone. She by no means abused this privilege and was most considerate, and whenever possible would make appointments to telephone if I were not immediately available. During the course of the year she came to the office once a week and telephoned about once a week. These telephone conversations usually lasted about half an hour. In them full-fledged analytic work was accomplished. The dynamics of her neurosis, her emotional reactions, and their historic sources were analyzed. The transference was analyzed and eventually the motivations for resorting to the telephone were explored thoroughly. Subsequently, she became able to discuss her anxieties, resistances, and the transference in personal interviews. Coincidentally, her general human relations improved dramatically. The central task of the analysis was accomplished, and only the integration of her relationships in and outside the transference and consolidation of her gains remained to be worked through.

I believe that this use of the telephone, not accidentally, but deliberately, goal consciously and systematically, not only succeeded in penetrating a resistance which might not otherwise have yielded, but succeeded in so doing in the way chosen by the patient. I think it also helped to resolve the resistance more quickly than could otherwise have been done (if it could have been done at all), for this previously suicidal, unbearably tense, deeply disturbed person

progressed by leaps and bounds to easier relations with others and with herself.

Because of this experience it has seemed worth while to experiment with other cases of different emotional structure which also present serious technical difficulties for usual or modified techniques. One of these was a patient who had an alarming negative therapeutic reaction, largely because of her total inability to express intense hostility in the transference during the interviews. This hostility accumulated and occasioned severe guilt with needs to justify it by feelings that the analysis was harmful and a terrible mistake—opinions which the patient threatened to make public. This, of course, followed closely a pattern of her childhood. The feelings were too intense for the patient to handle in the analytic sessions, nor did variation of the frequency of interviews or any other resources in interpretation or mechanics of the treatment resolve this negative therapeutic reaction. Because of this the telephone was tried. Fortunately, the intensities of the emotions were again diminished by being out of the analyst's presence. The patient was able to talk with comparative freedom and the essential mechanisms of her negative therapeutic reaction were clearly revealed, after which progress was made in personal interviews. There is no doubt that much time was saved.

Apart from its use as an aid to technique, it is interesting how much can be accomplished by telephoning purely as a means of communication. For example, a mother and father who were worried by some misadventures of their only son, with whom they were deeply involved emotionally, became so upset that the mother's health was in jeopardy and the father was unable to work. This couple lived at some distance, my schedule was full, and for various reasons they refused to consult another psychiatrist. They talked at length about their problem on the telephone. Later they came once to the office, and thereafter for three strenuous months the whole matter was handled by telephone. This amounted to about two calls a week of about a half hour each. The son's problem was reactive, but acute and difficult. They were helped greatly in adapting to the traumatic reality by this means.

In these days of limited psychiatric services, new patients can be screened and referred by asking them to tell a little of their problems over the telephone. My secretary asks them to call during

a period reserved for this purpose. This often saves the patient an office visit. It is usually possible to make intelligent referrals on the basis of understanding the patient through these conversations, and in some cases it is possible to be of considerable therapeutic help, even with persons never seen, at least until such time as they can begin treatment. Some of these individuals were seriously distressed; indeed two of them were suicidal.

There are no doubt many instances in which the telephone would prove useful if one accepted it as an instrument of technique. It seems worth reporting because it casts some light on dynamics and on technique; moreover, during this period of excessive demands upon analysts, any device which increases the analyst's potential should be explored for the possibility of helping him give service to more people.

Every technical procedure is only a means to an end, and its use must depend upon the basis of the rationale of all treatment: *psychoanalytic accuracy in understanding the patient.*

SUMMARY

The telephone is a useful technical adjunct to psychoanalysis. A case is cited in which it served to overcome a resistance occasioned by too intense transference reactions when the patient was in the presence of the therapist. Unable to talk in his presence, she was able to do so on the telephone. As this was analyzed, it was possible to resolve the transference in interviews and she improved rapidly. The telephone was resorted to because other methods had failed. Besides its value as a specific aid in the technique of analysis, it can serve also as a means of therapeutic communication, and increase the analyst's services in diagnosis, referrals, and treatment.

BOOK REVIEWS

CHILDHOOD AND SOCIETY. By Erik H. Erikson. New York: W. W. Norton & Co., Inc., 1950. 397 pp.

However jaded one may be with the plethora of psychological books, this one—a masterpiece of scientific writing—will prove fascinating to any psychoanalyst. Originating in the practice of psychoanalysis, its main chapters are based on 'specimen situations' which called for interpretation and correction: anxiety in young children, apathy among American Indians, the confusions of war veterans, arrogance in young Nazis. The emphasis is then shifted from these conditions, which blunt and distort the individual ego, to a study of the ego's roots in social organization. This, then, is a psychoanalytic book on the relation of the individual ego to society. The long period of childhood, which is characteristic of human development and which becomes longer as civilization progresses, permits man to achieve his unique intellectual and technical virtuosity, but it also leaves a lifelong threat of emotional immaturity in him.

Having stated his aims in the foreword, Erikson gives two case histories, one about a little boy at home, the other about a man in the Marines. This is followed by a discussion of the biological basis of psychoanalytic theory, Freud's 'timetable of libido development'. Erikson relates it to what we know about the ego and are beginning to learn about society, seeking the proper place of the libido theory in the totality of human life. He finds that Freud, the investigator, went beyond Freud, the doctor. It is meaningless to speak of the human child as if it were an animal in the process of domestication. Men's 'inborn instincts' are drive fragments to be assembled, to be given meaning, and to be organized during the prolonged childhood by methods of child training and schooling.

To trace the connection between childhood and society, Erikson turns to the study of children at play, introducing a timetable of stages of ego development, which mediates between physical stages and social institutions. Play, which is called 'the royal road to the study of the child's ego', and play therapy are illustrated with case reports and demonstrations of 'how to help a child's ego to help itself'.

The term 'ego identity' is introduced and defined as an inner

institution completed at the end of adolescence and derived from the accrued experience of social health after each of the major childhood crises. Ego identity can be studied 1, introspectively, as a quality of experience expressing a sense of sameness and continuity in the individual's conception of what he is and of what others perceive him to be; 2, in the individual's life history, as the objective evidence of an energy-releasing synthesis of the ego's methods and the potentialities of the individual's life situation; 3, 'projectively', in the individual's imagery, especially as it relates to realizable ideal prototypes and avoidable evil ones.

Eight developmental stages of man are brought in close relationship to the framework of psychoanalysis and Erikson's concept of 'basic conflict': 1, Trust versus Basic Mistrust, 2, Autonomy versus Shame and Doubt, 3, Initiative versus Guilt, 4, Industry versus Inferiority, 5, Identity versus Role Diffusion, 6, Intimacy versus Isolation, 7, Generativity versus Stagnation, 8, Ego Integrity versus Despair.

The following quotation is a sample of Erikson's thinking and formulating. 'For this reverse area of the body, with its aggressive and libidinal focus in the sphincters and in the buttocks, cannot be seen by the child, and yet it can be dominated by the will of others. The "behind" is thus the individual's dark continent, an area of the body which can be magically dominated and effectively invaded by those who would attack one's power of autonomy and who would designate as evil those products of the bowels which were felt to be all right when they were being passed' (p. 224).

Part IV of the book approaches adolescence in relation to the social upheaval of our time. Psychiatric facts, and some myths prevalent in this country are presented, and then the biographical legends of Adolf Hitler in Germany and Maxim Gorky in Russia are discussed. It is Erikson's contention that the patient of today suffers most from the problems of what he should believe in, and who he should be or become. The patient treated in the early days of psychoanalysis suffered most from inhibitions which prevented his being what and who he thought and knew he was; therefore, the study of ego identity becomes as strategic in our times as the study of sexuality was in Freud's time.

Erikson then tries to describe the American man's sense of identity. This analysis of the American identity culminates in the analysis of 'John Henry, the Natural Man'. It is found to be typical

that John Henry leaves his home to become a man before any attempt is made to provide him with what he demanded as a child. In the search for American identity, Erikson finds that the child abandoned the mother because he was in such a hurry to become independent.

In Erikson's opinion no time is left in which to be as naïve historically as in the past historians have been psychologically. He does not believe that frustration inevitably leads to aggression. Men in the service of faith can endure meaningful frustration. To this end, the child should be reared as the adult's partner.

Erikson states modestly, 'I have nothing to offer except a way of looking at things'. What he accomplishes is further penetration into the interpretation of the relationship between childhood and society than has ever before been achieved. Any analyst who misses the study of these pages is almost negligent of his obligation to inform himself about progress in his field. Such an analyst may have to wait many years for another book written with such devotion, knowledge, courage, thought, and truly analytic integration.

MARTIN GROTJAHN (LOS ANGELES)

FREUD OR JUNG. By Edward Glover. New York: W. W. Norton & Co., Inc., 1950. 207 pp.

At the end of this book, a splendid example of scholarly writing, my prime feeling was one of regret. Regret that it was deemed necessary, either by Dr. Glover or Cyril Connolly, that such an attempt to refute Jung be written. It is this reviewer's opinion (and this has been borne out by the history of the psychoanalytic movement) that if a body of thought is sound it will eventually triumph, despite various setbacks it may have along its way. So I feel that the effort expended by Dr. Glover in his careful study and analysis of the Jungian creed is a great waste.

Were the book merely a disputatious treatment of the Freud-Jung controversy it could be lightly dismissed. It contains, however, one of the clearest and most concise expositions of freudian theory this reviewer has ever found. For this reason the title is misleading, the more so since in this country, at least, the followers of Jung are so few that no either-or need be considered. One fails to see, too, how anyone capable of logical thought could accept the astounding inconsistencies that Jung has succeeded in having accepted by

his disciples. Disciples, too, seems an apt word for those followers of Jung's pronouncements since the entire structure of his 'psychology' seems to be so strongly religious in nature that it is only by treating the whole thing as a creed that one can conceive how its strong adherents remain such.

The book as a whole would profit by even more direct quotation of Jung's writings to support the statements Dr. Glover makes. It seems to me that the fanatic Jungian is not going to accept the assertions of someone so plainly a freudian as is Dr. Glover, unless he can see in the very words of his 'master' the confusion and contradiction they contain.

Many artists with whom the writer has talked look with far more favor upon the 'psychology' of Jung than they do upon freudian psychoanalytic theory. One may suspect that the failure of artists to discern the faulty logic, contradictions, and inconsistencies in the writings of Jung is due, in part, to the unfamiliarity that many of them have with activities outside their own special fields. In a similar fashion we have seen the recent craze of 'dianetics' gradually fade out as the inconsistencies and contradictions in it were discerned. It was only when, for example, physiologists read the garbled physiology, chemists the confused chemistry, or medical men the mystic medicine that 'dianetics' contained, that they were able to see what a completely fantastic conglomeration it was.

In the naïve acceptance of Jung's writings we may see clear signs of the breakdown in present-day communication. Untrained or overspecialized people, relatively isolated from the broad life of feeling in the community, seize upon such shoddy writing, hungry for the rich experience it promises. Lacking background, or with knowledge and vocabulary limited to one narrow field of specialization, they are easily gulled by the dogmatism and assertiveness of writers like Jung whose confused appetite for security may well be as great as that of their proselytes.

This book will provide students of Freud with a clear-cut comparison between the writings of Jung and the freudian theory. I feel, however, that the purpose for which Dr. Glover has designed the book will not be achieved. For we are dealing in Jung not with a reasonable approach to a body of scientific knowledge, but with a pseudoreligious dogmatism before which logic and the orderly approaches of the intellect give way.

HERBERT I. HARRIS (CAMBRIDGE, MASS.)

PSYCHOSOMATIC MEDICINE. Its Principles and Applications. By Franz Alexander. New York: W. W. Norton & Co., Inc., 1950. 300 pp.

Freud, himself a physiologist, in pioneering a new field, kept as strictly as possible to the psychological approach in psychoanalysis for methodological reasons. Nevertheless his thought was strongly biological, as exemplified in his whole theory of instincts. Moreover, he repeatedly emphasized the biological basis of psychology. In his paper on Narcissism (1914) he said: 'We must recollect that all our provisional ideas in psychology will some day be based upon an organic substructure'. To take another random example, at the end of *Analysis Terminable and Interminable* (1937), he states: '... in the psychical field the biological factor is really the rock-bottom'.

Sixty years have brought important changes in the field of psychoanalysis, some of them resisted by a more or less healthy conservatism, proper to a new and easily exploited field. In a slow and sound way psychoanalysis has been emerging from its scientific isolation.

Perhaps such a field could only have developed as it did through the creativity of a powerful independent personality who gave his contribution to his followers in a way reminiscent of his description of Moses passing down the tablets of the Lord. It may well be that only such strength could have preserved these insights into man's unconscious motivations in the face of the resistances and hostilities of a Victorian world. Now, however, the advantages of development in isolation no longer obtain. Freud's own spirit, that of the experimental physiologist, is beginning to prevail over the authoritarian tendency to seek the truth in the *Collected Papers* rather than using them as a guide to seeing the truth in the world of reality. Moreover, the reality of the unconscious and of the findings of psychoanalysis are now so well established that the necessity no longer exists to exclude rigidly any other type of thinking except the psychological, or to keep analysis insulated from the other sciences.

Freud's work like that of Pasteur, Darwin, and others was met by widespread opposition. Freud hoped nevertheless that his work would be accepted by the universities and that psychoanalysis would be integrated with the general body of science. His disappointment when this did not materialize through the Zürich group is well known. Now, however, this is taking place rapidly. A landmark

in the integration of psychoanalysis with the other basic medical sciences is this volume by Franz Alexander.

Trained in physiology, Alexander is well equipped for studying the interrelationships of unconscious processes and physical symptoms. This book presents his conclusions drawn from twenty years of work in the field. There are excellent historical chapters on the roles of psychiatry and of psychoanalysis in the development of medicine. There follows a theoretical section on the fundamental principles of the psychosomatic approach.

Alexander sees psychosomatic medicine as a method of approach in research and therapy. He objects to the concept of 'psychosomatic disease', stressing the multicausal nature of all symptoms. He makes a rough division of symptoms into those resulting from inhibited hostility which would tend to be discharged via the sympathetic nervous system, and those which signify regressive, infantile, dependent wishes and which stimulate the parasympathetic nervous system. In the former group are migraine, hypertension, hyperthyroidism, cardiac neuroses, arthritis, vasodepressor syncope and perhaps diabetes. Regressive conditions include peptic ulcer, constipation, diarrhea, colitis, fatigue states, and asthma. This section, *The Principles of the Psychosomatic Approach*, utilizes basic knowledge from physiology and yields to the reader an over-all biological concept of the human organism, its motivations and operations and mechanisms of symptom formation.

The second part of the book consists of a series of chapters which do not take into account all work done in the field but rather report only long-term systematic studies, mostly those studies which the author knows best, namely, those done at the Chicago Institute by himself and/or his associates. For each symptom he presents a 'specific dynamic pattern' or complex of emotions which leads to the development of the particular symptom. One such pattern, for example, is 'Prolonged frustration of oral-receptive longings—repression of these wishes—gastric hypersecretion'. Most of the patterns are too long, however, to repeat in this review. Besides the gastrointestinal disorders, cardiovascular disturbances, especially essential hypertension, and skin diseases are recorded; also metabolic and endocrine disturbances and disorders of joints and skeletal muscles. Most of these are not traced back to the earliest stages of infantile development with anything like the thoroughness with which the gastrointestinal disturbances are. Of course, the body

of psychoanalytic knowledge of this development has not been available in equal quality and quantity for the other conditions. Yet the psychoanalytic material usually reveals some of the relationships of the symptoms, and particularly of the organ system, to the earliest stages of the infantile development; for example, the skin contact with the mother while in utero. Applications of this psychoanalytic approach to the material and the inclusion of the results would add a point of great interest to the other chapters, making them parallel to the one on the gastrointestinal disorders. In other words, these studies focus primarily upon the emotional and biological dynamics, and are not so intensively concerned with the historical. Many controversies between analysts seem to stem from just this difference in emphasis.

It is impossible to summarize the emotional formulæ for the various conditions as presented in this book within the limits of a review. Therese Benedek has contributed a chapter on The Functions of the Sexual Apparatus and Their Disturbances which should certainly be read by all analysts. It is a model of conciseness and clarity and is an example of the best in psychosomatic thinking. It demonstrates the intimate interrelationships between the sexual functioning of the whole organism and psychological maturing, functioning, experience, and activity. Here contributions from related fields are integrated with psychoanalytic knowledge, particularly application of endocrinology to Freud's concept of libido and the role of the sexual development in the maturing of the human organism.

The book does not neglect the cultural factors although it deals primarily with the biological interrelationships of the emotional life and the psychological processes.

Columbus searched for a route to the Indies and discovered America. These psychosomatic studies began as applications of psychoanalytic knowledge to problems of medicine. Such studies have not been universally popular with analysts, some of whom scoffed at attempting these applications while the field of the unconscious itself has not been thoroughly explored. However, using psychoanalytic insights to explore these functional symptoms has been just as rewarding today as it was when Freud developed psychoanalysis in exactly the same way; for psychoanalysis developed, as Freud said, from the study of symptoms, and this study of vegetative symptoms deepens and enriches psychoanalytic understanding. The

analyst who does not thoroughly comprehend the mechanisms of gastrointestinal disorders cannot fully appreciate oral development nor the dynamics of oral trends in adult patients. So, too, what is known of emotional factors in essential hypertension yields deeper insight into the human organism's psychological and biological reactions to hostility and anxiety. Benedek's studies are of first importance in understanding the development of the libido and its significance for the total personality. Thus, these applications of psychoanalytic knowledge have led in turn to a deepening of psychoanalytic knowledge in the direction of biological interrelationships, and for this reason the book is required reading for psychoanalysts. It is well written and is relatively easy reading because, although the material is technical, the style is unusually concrete, clear, and to the point.

LEON J. SAUL (PHILADELPHIA)

THE YEARBOOK OF PSYCHOANALYSIS. Volume V. Edited by Sandor Lorand, M.D. New York: International Universities Press, Inc., 1950. 317 pp.

Among the twenty-two articles seven are portions of five books by different authors published in 1948; of the others, seven are chosen from this QUARTERLY, three from the International Journal of Psychoanalysis, two from Samiksa, a new and serious-minded little journal, two from other journals, and one from a symposium on the evaluation of therapy. The reader is not informed on what basis these articles are selected. They seem to be chosen either because of their general interest to the practicing analyst, or because of elements of originality. The inclusion of Hitschmann's delineation of Boswell's character, for instance, might be considered as a kind of tribute to the author's elegance of exposition; besides its literary merit, it is a good portrayal of a psychopathic character. Simmel's two articles, especially the one on alcoholism, are good contributions to psychopathology and should be of special interest to the student because of their vividness and lucidity. Of general interest to anyone working with social problems is Schmideberg's Treatment of Major Criminals. I think the two most valuable papers in the book are Nunberg's article on therapy, and Anna Freud's article on Certain Types and Stages of Social Maladjustment. The former was written in 1928, but is still applicable and might serve as a sort of model for comparison with other more recent ventures in expounding tech-

niques. The latter is noteworthy for its clarity of thinking, and its practical application of psychoanalytic theory to social problems.

In a different category, two others are of clinical interest: *Paranoid Jealousy* by N. Chatterji, and *Transference Sleep in a Neurosis With a Duodenal Ulcer* by Leo Stone. The first offers as a new explanation for psychotic jealousy the assumption that fear of the heterosexual partner is the starting point rather than the end result. According to Chatterji, the jealousy derives not from genitality but entirely from an inability to overcome the oral frustration of weaning. In Stone's article, the point of clinical interest is a manifestation of resistance. At a certain point in analysis, Stone's patient would drop off to sleep as soon as the analyst began to talk, and would wake up as soon as he had ceased. In addition to the usual implications of this symptomatic behavior (to which Ferenczi has called attention), the phenomenon was of particular interest because it occurred at a time when the pains of a duodenal ulcer had diminished, and when the patient was depressed. By way of a contrast, the patient suffered concomitantly from insomnia, precipitated on occasions by anxiety over interruptions in the analysis. Stone concludes that 'transference sleep' is to be 'viewed as the narcissistic equivalent of the refusal or inability to nurse at the breast' and therefore is to be equated with intrauterine sleep, while on the other hand the insomnia is due to oral frustration. Both these articles are marred by the lack of clarity in their theoretical exposition. In addition, Stone depends too much on references to the literature.

A general comment is perhaps not out of place at this point in regard to the book as a whole. If each article or group of articles were prefaced by some introductory remarks as to the reason for their selection, or as to their orientation, I think it would add greatly to the interest of the average reader. Something like this has already been done in *The Psychoanalytic Reader*. I have in mind particularly Kubie's article in the *Yearbook on Instincts and Homeostasis* which is a very weighty and condensed piece of work and which breaks new ground. It is an attempt at re-evaluation of the concept of instinct on a physiological basis. Kubie's thinking is so largely oriented in a biochemical, neurophysiological direction that it may be difficult for the average analyst to feel entirely comfortable in a region of speculation which is so remote from his own. The reader might well have been referred to Hartmann's paper on the *Psychoanalytic Theory of Instinctual Drives* which was printed in this

QUARTERLY in 1948. Incidentally, it would seem a more fitting selection to appear as companion to Kubie's article than the chapter from Alexander's book, entitled *A Critical Discussion of the Theory of Life and Death Instincts*—not, incidentally, the best chapter in Alexander's book. It does not give a valid account of Freud's theory, and, instead of a critical discussion, it substitutes some original thinking of Alexander. Hartmann's article, on the other hand, takes issue with Kubie in regard to the difference between the concept of 'instinct' and that of '*Trieb*' or 'instinctual drive' which was the term commonly used by Freud.

SYDNEY BIDDLE (PHILADELPHIA)

PRINCIPLES OF INTENSIVE PSYCHOTHERAPY. By Frieda Fromm-Reichmann, M.D. Chicago: The University of Chicago Press, 1950. 245 pp.

Addressed primarily to psychoanalytically oriented psychiatrists, this book distills the author's integrated experience of three decades into a remarkably compact and competent presentation. The process of psychotherapeutic collaboration between doctor and patient is well described, with the accent placed as much on the emotional difficulties of the therapist as on those of his patient in the complexities of this interaction. More than a work on technique, it is a significant perspective on the evolution of current therapeutic attitudes and technical modifications from the predominantly investigative phase of psychoanalysis thirty years ago.

This book should be in demand chiefly for its relevance to the treatment of schizoid or borderline patients, who constitute nowadays almost a third of the patients who consult psychiatrists. In 1919 Freud stated: 'We cannot avoid also taking for treatment patients who are so helpless and incapable of ordinary life that for them one has to combine analytic with educative influence'; and he made the prediction: 'Developments in our therapy will surely proceed in a different direction; . . . above all, in that . . . characterized as "activity" on the part of the analyst'.¹ Dr. Fromm-Reichmann's experience at the Chestnut Lodge Sanitarium is, in a large measure, the fulfilment of that prediction, and her accomplishments with the type of patients described have done much to modify earlier therapeutic pessimism in regard to the psychoanalytic treatment of psychoses.

¹ Freud: *Turnings in the Ways of Psychoanalytic Therapy*. Coll. Papers, II.

For the student encountering his first therapeutic vicissitudes, the book has much to offer: first, in regard to goals and attitudes in general; second, in regard to specific recommendations. Dr. Fromm-Reichmann leaves little doubt as to the necessity of the therapist's own thorough analysis as a precondition for all therapeutic endeavor. Nevertheless, the chapters on the establishment of the treatment situation, the initial interview, introductory remarks on therapeutic procedure, what to interpret, when to interpret, and even such fundamentals as how to begin and how to terminate a psychotherapeutic interview serve the practical needs of the beginner. She gives excellent suggestions on eliciting information from the patient by pertinent, meaningful questions. The chapter on intercurrent events in the lives of the patient and the therapist, as they affect treatment, is an original and helpful feature of the book. Such realities, often of an emergency nature, are sure to affect the therapeutic relationship, and the proper handling of these situations is a matter of great therapeutic importance. The section on contact with relatives is also highly informative. The illustrations in the chapters on technique are particularly relevant to those circumstances when the therapist asks himself, 'How could I have interpreted less deeply?' In places, the formulations seem more like clarifications than interpretations, especially if one does not have the context of the case material. However, the rest of the book makes it clear that the piecemeal resolution of anxiety depends on gradual descent, and thorough working through at each step, rather than upon any element of surprise or dramatic abreaction.

Her therapeutic suggestions are always tentative, such as to elicit from the patient confirmation or refutation as the treatment progresses. The sections dealing with technical considerations in the psychoses are, in a sense, innovations; nevertheless, they are a part of a teachable technique, which subjects delusions, hallucinations, or illusions to the same principles of interpretive approach as any neurotic manifestation. In this connection, her bibliography on the psychoanalytic treatment of psychoses is a discriminating choice of the most useful references for students.

Her work, as described here, shows little of the dismay expressed by earlier workers regarding the interfering narcissism and transference difficulties encountered in borderline and psychotic patients. In her experience, these patients are capable of transference and often little else than transference distortions. There are, incidentally,

some engaging illustrations here and there throughout the book, indicating the point at which treatment contact really started with emotionally inaccessible patients. Dr. Fromm-Reichmann kept an open mind as to which channel of the relationship was really effective in establishing therapeutic contact, and she was agreeably surprised to learn from patients the relative trifles—a slight act or gesture or an attitude of a nonverbal nature, certainly not related to interpretation—which had been responsible for the achievement. Such points are significant in that they may also explain the beneficial effects reported by others in the treatment of psychoses, though attributed to the virtues of content interpretation.

The modifications of method advocated in this book are based upon the author's experience, rather than upon her theoretical orientation. She presents her reasons for advocating three or four sessions a week for neurotic patients, and fewer for certain psychotic types. Technically, she recommends psychotherapeutic concentration on the central dynamics of the patient's difficulties, as soon as one knows them, rather than upon all the side issues which emerge. Of free association, she says, 'At the present state of psychoanalytic knowledge about repressive and dissociated processes, it proves to be unnecessarily time-consuming, in my experience, to make the patient's free association a central part of intensive psychotherapy. In borderline patients and with outright psychotics, this procedure carries with it the possible danger of inducing and increasing disintegrated thinking.' She favors thriftiness of interpretation in general, and rather limited use of dream interpretation as a part of interpretive psychotherapy.

In general, the approaches recommended revolve about the therapeutic obligation to the patient, rather than the exhaustive investigation of material covered by childhood amnesia. The thesis is, in part, the counsel of limited goals. Of the latter, she says: '... patient and therapist should be satisfied with the results of their psychotherapeutic collaboration, if and when the patient has gained a sufficient degree of lasting insight into his interpersonal operations and their dynamics, to enable him, in principle, to handle them adequately'.

The theoretical background and terminology closely reflect the orientation of the Washington-Baltimore School. As expressed by the author: 'This variance stems from the fact that our thinking does not coincide with Freud's doctrine of the ubiquity of the

œdipus complex. Consequently, we do not understand as a foregone conclusion that the difficulties of therapists in their relationships with patients, and vice versa, stem from or are only a repetition of their unresolved œdipus constellations.' The phenomena of resistance and ego defenses are referred to in the language of Harry Stack Sullivan as 'security operations'. Transference distortions are similarly referred to as 'parataxis'. She treats the demonstrable material on infantile sexuality and its emotional consequences as collateral material, rather than as the main dynamic focus in working through interpersonal relationships. In this connection, she defines 'mature love' in accordance with Erich Fromm and Harry Stack Sullivan as 'the state of interpersonal relatedness, in which one is as concerned with the growth, maturation, welfare and happiness of the beloved person as with his own', and disagrees with the concept of genital primacy as the criterion of recovery, or of orgasmic potency as the aim of treatment. She considers it to be the other way around, which is to say, 'A person who is reasonably free from anxiety, greed, envy and jealousy, and who is able to experience interpersonal intimacy, will be capable of expressing this in terms of satisfactory sexual activity as well'.

The principles of intensive psychotherapy as set forth in this book possess value not only for residents in mental hospitals and students of psychoanalytic psychiatry, but also for more seasoned workers. In fact, the finest attribute of this practical and informative book is that it conveys the most to those of greatest clinical experience.

VICTOR W. EISENSTEIN (NEW YORK)

INTRODUCTION TO PSYCHOSOMATIC MEDICINE. By C. Alberto Seguin, M. D. With a foreword by Flanders Dunbar. New York: International Universities Press, Inc., 1950. 320 pp.

This book laudably attempts to present the psychosomatic tendency in medicine as a comprehensive point of view, rather than as a special discipline. In view of the widespread distortion of psychoanalytic concepts in current notions of psychosomatic medicine, a popular and authentic introduction of this type could, indeed, serve a salutary purpose. One has but to travel about in this country and its neighbors to appreciate the extent to which conscientious and otherwise informed medical men have naïvely espoused a brand of 'psychosomatic medicine' that translates a patient's con-

scious troubles into bodily symptoms, transposing an obscure cervical ache into 'her husband is a pain in the neck', or a complex personality disturbance, presenting an organ neurosis, into 'she can't stomach her children'. By way of contrast, psychiatrists attached to general hospitals are daily impressed by the depth and severity of the psychopathology expressed in physical manifestations, and frequently by the psychotherapeutic irreversibility of such disorders, except, perhaps, in the direction of psychosis.

It is unfortunate that this scholarly and philosophical attempt by Dr. Seguin, Professor of Psychosomatic Medicine at the University of San Marco, Lima, Peru, tries to encompass too much in its academic sweep. The result reads like a diligent compilation of lecture notes rather than an introduction meant to engage the interest of the busy practitioner or of the public. The basic concept of unconscious conflict, which should stand out as the cardinal feature in the somatization of anxiety, appears to be lost amid weighty introductory sections dealing with variegated typologies of physical constitution and the complexities of hypothalamic physiology. Approximately fifty pages are devoted to psychoanalysis and these furnish a very sketchy outline of psychopathology, although another chapter is devoted to an academic presentation of psychogenic mechanisms. Nor are the detailed medical histories at the end of the book very illuminating as illustrations of inner conflict.

A practical feature of the book, for beginners in the field of comprehensive medical practice, is the chapter on psychosomatic clinical history, which outlines the techniques of interviewing, and describes the interview as an emotional experience for the patient. The general bibliography of psychosomatic medicine is helpful, for it brings together, in a discriminating way, the major contributions to the role of emotions in relation to various bodily systems and diseases. The bibliographies at the end of each chapter have the advantage of being set in large type for ready reference by those who wish to peruse a subject in greater detail. The lack of an index, however, is a major deficiency for an introduction to a complex subject that has ramifications in all aspects of medical practice.

The terminology is formidable, and often questionable, for an introduction of this type. Terms like semeiological signs, normotype, cerebrotonia, mesomorphy, object-complexes, ego-complexes, atti-

tude-complexes, Cain-complex, destruction-complex, and histrionic-complex, in which the book abounds, are really quite unfamiliar terms and can do no more than reinforce the resistances of those already sceptical of medical psychology. The style apparently suffers in translation from the Spanish. The book is unfortunately too theoretical for the clinician, too rudimentary for the psychiatrist, and much too technical for the layman.

VICTOR W. EISENSTEIN (NEW YORK)

GESTALT PSYCHOLOGY. Its Nature and Significance. By David Katz, Ph.D. New York: The Ronald Press Co., 1950. 175 pp.

A comprehensive discussion of gestalt psychology is offered by the author. Especially rewarding to the nonacademic psychologist is the account of the origin of this school. The dissatisfactions with the older school of atomistic psychology and the trenchant criticisms of their doctrines are clearly described.

Gestalt contributions to the theory of perception, which form the bulk of its investigative work, are well delineated. The author points out that the gestalt psychologists, having taken form for their domain, have made it coextensive with the entire field of psychology. He criticizes this unwarranted procedure. He adds that '... it is most probable that the form concept applies to an intermediate area of undeliberated mental processes. It would therefore be particularly fruitful for genetic psychology.' An expansion of this viewpoint would interest the psychoanalyst.

Little attention has been devoted by psychoanalysis to the field of perception and conversely, gestalt psychological interest in the unconscious mental life, in drives and emotions, has been sparse, so that points of contact between the two are extremely limited. Thus the chapter on medical psychology is primarily of interest to the neurologist, and the chapters on child and social psychology are not dynamically oriented. The discussion on instinct, which stresses the inflexibility of instinctive behavior, appears to neglect the many contributions demonstrating the effects of experience on instinct.

The book can be recommended for those who are interested in obtaining a clear and critical presentation of gestalt psychology.

LEO ANGELO SPIEGEL (NEW YORK)

SECOND SIGHT IN DAILY LIFE. By W. H. W. Sabine. New York: Coward-McCann, Inc., 1950. 208 pp.

There are few literatures as extensive or as monotonously repetitive as that of psychic research. It would almost seem that the only people who do not observe, record, and write books about telepathic and precognitive occurrences are the psychoanalysts who, at this rate, may soon become an isolated, however select, minority.

Sabine's book marks a certain advance over most of the lay literature in this fertile field in that the author, a professional writer, has not limited himself simply to a description of those mental occurrences which bear a more or less one-to-one correspondence to the external events which they are presumed in some way to mirror. He has discovered the principle of symbolic equivalences, as well as the process of distortion, which in dreams, for instance, transforms a perceived residue into a somewhat disguised manifest representation. Accepting these principles, he demonstrates, from a diary of twenty-five years of self-observation, that the presumptive building blocks of many dreams are drawn from sources entirely inaccessible to consciousness. He further attempts to show that certain of our waking thoughts, actions, and physiological reactions are also conditioned by events which, as far as our ordinary means of sensory perception go, 'we wot not of'.

Curiously enough, the author not only insists on staying strictly on the surface in his foraging for relevant residues, but he frequently, and with an almost plaintive defensiveness, challenges the psychoanalyst to make something out of the bits of stuff he has brought together in his magpielike collection. The beauty of it is that it is impossible for the psychoanalyst not to make something of it.

The aspect of Sabine's experience which is of most interest to him is that which he puts under the heading of precognition—the presumably extra-chance correspondence between a mental representation at time A and an event in actuality at a later time B. Utilizing his hypotheses of symbolic equivalences and residue distortion, the author adds to our growing collection of data, both spontaneous and experimental, which indicate the ever-increasing probability that such correspondences are in fact frequent occurrences in everyday mental life. It is when he attempts to take the theoretical hurdles involved that the author comes a cropper. But then so have all the other observers who have attempted to comprehend the

mechanics behind the presumptive fact of precognition in terms of an accommodatingly malleable Time, as if Time were a 'thing' which could be pressed into suitable molds for otherwise unsuitable experience.

One suspects that investigators of precognition would do better to leave Time alone and concentrate on Mind. Here it is possible to make certain clarifying assumptions which, however staggering to the imagination, are at least qualitatively in line with verifiable empirical data and do not require any categorically incomprehensible notions about hidden dimensions of Time. The chief difficulty, unfortunately, is that the only observers who might be in a position reasonably to make these assumptions and verify what may be verified are the psychoanalysts who, tantalizingly enough, do not seem to see the presumptive data of precognition in the first place.

The problem will keep. Meanwhile Sabine has done an interesting and valuable job in bringing it once more to our attention.

JULE EISENBUD (DENVER)

URSPRUNGSGESCHICHTE DES BEWUSSTSEINS (Developmental History of Consciousness). By Erich Neumann. Zürich: Rascher Verlag, 1949. 546 pp.

The author's point of departure in this, in many respects, remarkable book is matriarchal symbolism (for which the term *Ouroboros* is used). He attempts to construct a developmental history of human consciousness and conceives mythology, the symbols of which are used extensively in the study, as an epiphenomenon of that evolutionary process. This development is traced through several archetypal phases, which lead from the 'natural state' of total unconsciousness characterized by omnipotence of unconscious strivings to the evolution of the ego and consciousness (*Zentroversion*).

The first part of the book is an exposition of this thesis which is supported by references to mythological themes—these are projections of unconscious forces—which presumably shaped the wishes and feelings of members of ancient cultures as much as those of modern man. The second part deals with the psychological stages of personality development in terms of archetypal phases, and essentially represents an application of the 'insights' gained in the preceding chapters to the psychological growth processes of the

individual. As such, it must be regarded as an ontogenetic account of psychosexual development in Jungian terms. In addition, there are two appendices which deal in somewhat fragmentary fashion with the individual's relationship to the group.

Neumann describes his method as primarily psychoanalytic-comparative. It uses symbolic materials uncovered in the analysis of individual patients and combines these symbols with religious and mythological data, thus furnishing a context. Because of the largely implicit character of the methodology, the boundary between fact and speculation is often difficult to discern. This difficulty is not mitigated by the author's assertive style, which might lead the reader to believe that he is dealing with final truths where the proffered interpretations should at best be tentative. The following examples will serve: the individual consciousness of modern man is a late product in the evolution of psychic life; the 'transpersonal' is a causal factor, largely independent of the dynamics of 'personal' influences; the individual consciousness of modern man is a late achievement which is supposedly based on pre-individual levels of development. Neumann concedes that not all stages of the development of consciousness appear in every mythology, but he asserts that where they do they represent a lawful sequence which determines all psychic evolution. He concludes that a full understanding of individual psychic development as well as that of mankind can only be achieved by viewing the development of the individual in the light of transpersonal factors.

The evolutionary history of consciousness begins with the primeval principle—the *Ouroboros*. This symbolizes the all-giving mother, paradise, activity, passivity, male and female, the dimensionless twilight state of the infant's utter dependency. The task of mankind and of the individual is to leave the *Ouroboros* and cope with the principle of opposition in the world. The symbol which describes the gradual giving up of the *Ouroboros* is the Great Mother. At this stage, feelings of pleasure and displeasure enter the field of perception and become conscious; they pose the problem of ambivalence for the first time to the growing ego. The good giving, and the bad devouring mother are the two aspects of this developmental stage. It is still one of complete dependence of the child upon the mother, and by analogy of man upon earth. Whereas the *Ouroboros*-incest was nongenital, sexuality on the level of the Great Mother is genital, but it is restricted to the genital. Accord-

ing to the author, the Great Mother symbolizes the womb; the growing child, the phallus. Since these sexual symbols are overpowering transpersonal factors, the ego may die and dissolve itself by a 'fascination' to it. The youth is attracted against his will to the fixating symbol of the Great Mother, but the fulfilment of the lustful strivings on this level ends in death and castration (the Circe motif of Greek mythology).

After a phase of resistance and spite, consciousness and the ego are gradually strengthened and become more independent. Light, which stands in the center of all myths of creation, is said to symbolize the masculine character of consciousness. The splitting of the world into opposites is said to make objective knowledge from the rational point of view possible.

The origin of culture is explained in terms of this constellation as well. The culmination of the processes of differentiation is incest with the Great Mother which, if successful, frees the individual from the overweening powers of unconscious forces: anxiety is converted into lust, and the blind powers of the feminine unconscious are once and for all broken. The rational direction of drives becomes henceforth possible.

The heroic myths through the ages from various cultures symbolize, according to Neumann, the processes which have been outlined above. Three elements are distinguished in these myths: the hero, the dragon, and the treasure. Traditionally the hero engages the dragon, which guards the treasure, in deathly combat, kills it, and wins the treasure. The *œdipus* myth is given a rather novel 'transpersonal' interpretation, in accordance with the author's theory. A disciple of the Jungian school, Neumann refers to Freud's theories as 'false, personalistic interpretations', which operate exclusively on a personal, individual level; thus, 'when Freud recognized everything hollow as female, his interpretation would have been correct if he had understood it as a symbol. If he interprets it as "female genital", he profoundly misunderstands it, because female genital is only a minute aspect of the archetype *Ur-Mutter*' (p. 28).

A great many myths, such as that of Osiris, are traced in considerable detail, and the interpretations given are frequently plausible, often quite ingenious; yet one cannot escape the impression that the examples are collected to fit a preconceived theoretical pattern. The allusions to neurotic 'malformations', which are found in great number in the second part of the work, attest to the

author's insight and experience. The sceptical reader will wonder, however, about the empirical value of 'transpersonal' interpretations. Neumann may be credited with having supplied a possible interpretation of various mythological themes, but he introduces a theoretical framework which is intrinsically untested against reality, and which by its very nature cannot be subjected to validation. He makes a great many more assumptions than any scientific theory permits at the present stage of our knowledge. The postulation of hypotheses in itself is a legitimate procedure, provided the character of one's assumptions is not lost sight of, and no sweeping generalizations are drawn from untested conjectures. In the final analysis, Neumann's theory must meet the same objections and criticisms that have been leveled at Jung's more abstruse archetypical constructs.

HANS H. STRUPP (WASHINGTON, D. C.)

THE NATURE-NURTURE CONTROVERSY. By Nicholas Pastore. New York: King's Crown Press, 1949. 213 pp.

It has often been supposed that the position taken by a scientist in the nature-nurture controversy bears a distinct relation to his social and political views; those who regard heredity as exerting a preponderant influence upon human personality are inclined to be 'conservative' in social and political outlook, while those who emphasize environmental factors are generally 'progressive' (liberal or radical) in these matters. The present volume undertakes to determine whether this alleged correlation actually exists. The method used is to present, in some detail, the views of twenty-four prominent British and American scientists on the relative importance of heredity and environment as formative influences, as well as their views on social and political problems. Twelve 'hereditarians' are studied, among them Galton, Pearson, Terman, McDougall, and Thorndike; likewise, twelve 'environmentalists', among these Cattell, Boas, Jennings, Hogben, Haldane, and John B. Watson. The expected correlation is found to exist in all but two of the twenty-four scientists. Terman, while inclined to stress hereditary factors, is found to be liberal in social outlook; Watson, while favoring environmentalism in the nature-nurture controversy, is conservative in his social views. Despite these two contradictions, the author considers the correlation demonstrated.

The author is not inclined to draw any conclusion from this, though Professor Goodwin Watson of Teachers College points out in a foreword that this study raises the question how objective and free from prejudgments any scientist can be in his work and in the reasoning he bases on it. Dr. Pastore himself is content to have established the fact and merely suggests a few hypotheses as to the reasons behind it. These are four in number: 1, that such prejudices are inherited (a Galtonian hypothesis, as he terms it); 2, that they emerge from the subject matter dealt with—since, for instance, a sociologist *qua* sociologist must be an environmentalist; 3, that the position taken with respect to heredity and environment determines the social outlook; 4, that the social and political outlook determines the position as regards nature-nurture. He is critical of the first three of these and inclines to accept the fourth, but says, 'A drawback to this interpretation lies in the paucity of material suggesting the relevant temporal sequence for causational analysis'.

To the psychoanalyst a fifth hypothesis is bound to present itself, namely, that both sociopolitical outlook and the position on nature-nurture questions arise from a common matrix of early childhood adaptations; that, far from being the causes of one or the other, they are parallel developments arising from attempts to adjust, defensively and otherwise, to early familial situations. What the precise nature of these early adaptations may be cannot readily be determined without a knowledge of specific details in a given case. The likelihood that no facile conjecture as to such origins will hold water is indicated by the incidence of the two cases in which the correlation does not exist. Social and political outlook is in itself a complex psychic entity and is often found to contain conflicts and contradictions. The probability is that many lines of psychic development converge upon its formation, that it is, in other words, markedly overdetermined.

Of interest to the psychoanalyst—who is by profession as much bound to the environmentalist position as the sociologist is—is the contention made by several of the hereditarians studied that a high morality is inherited along with high intelligence. Indeed, they make this supposed fact the basis for the political dogma against democratic forms of government and in favor of an 'oligarchy of brains'. Such a contention ignores not only the empirical fact that high intelligence quotients are found among recidivous criminals, but also the psychoanalytic finding that morality can be shown to be

an acquisition rather than an innate factor. All the work on the genesis of the superego bears this out, as well as the recurring experience in psychoanalytic therapy that the superego can be altered; also, character is assumed by the hereditarians to be an inborn and fixed factor in personality. Here again, the work of Freud, Reich, and others shows clearly that character has a genesis, that it bears an intimate relationship to the specific experiences of the individual, and that it can be altered by psychoanalytic procedure. This is not to deny the possibility that certain elements of both morality and character may be carried by the genes (although we have at present no faint notion of the mechanics of this), but psychoanalytic work on character and morality presents clear evidence that environment plays so large a part in their formation that we are justified in regarding it as being the preponderant influence.

The volume will not be of great interest to the psychoanalytic reader, limited as it is in scope, but the scientific value of such a study, with its convincing demonstration of this long-suspected correlation, is positive and considerable. The author is to be greatly commended for the undertaking, as well as for the high degree of objectivity he maintains and for the clarity and simplicity of the writing.

WILLIAM V. SILVERBERG (NEW YORK)

SOCIETY AND ITS CRIMINALS. By Paul Reiwald. New York: International Universities Press, Inc., 1950. 315 pp.

Recent psychological studies of crime have pointed with increasing frequency to the necessity of studying the criminal's milieu. In this volume the unconscious attitudes toward crime and criminals, arising in each member of society and coalesced into law and mores, are given a full-dress treatment. The writer, a lecturer in criminology at the University of Geneva, a lawyer with psychoanalytic training, has done signal service in exploring the powerfully motivated interactions of the criminal and his society. Without an understanding of unconscious factors, which are woven into the very fabric of the judicial process, neither a successful therapy of the criminal on a wide plane nor an adequate preparation for a program of prevention of delinquency can be accomplished.

In the analysis of unconscious determinants in actual procedures in criminal practice as well as public participation in crime, the author investigates several specific reaction-formations of impor-

tance: justice and morality, punishment, aggression in law, attitudes toward treatment, etc. His observations in this area are penetrating and his findings significant. For example, from a standpoint of unconscious motivation, society needs the criminal to 'abreact its own unconscious emotion'. An interesting corollary of this attitude is that society does not really want to 'know' its criminals. Just as the judge (and this appears most clearly in appeal court practice) can more comfortably judge the legal issues involved by not seeing the subject of his deliberations, so society under other rationalizations is disinclined to 'know' the offender in his psychological totality. In this way society protects itself from facing its own forbidden impulses. Justice is most satisfactorily 'legal' when administered on the basis of judicial logic, in the absence of the criminal; thus, also, the traditional atmosphere of court trials has developed a frame of reference involving a contest for the 'rights' of an individual, which successfully avoids the intrapsychic conflict within the offender. Reiwald, taking his departure from Reik's research on the psychology of clues in *The Unknown Murderer*, indicates how legal theorizing about a crime in pleading, argument, etc., isolates the 'living' subject even further. In the area of the judicial process, the author points out, 'the ceremony of the court supplies the means for isolating the accused'. To be too close to a criminal, both in his habitat and in his psychic processes, would have the force of breaking a universal taboo with resultant unloosing of anxiety and fear.

In an interesting chapter on the Criminal in Fantasy, the author works out compulsive aspects within criminal jurisprudence, one of which, avoidance, has already been noted. Indeed, the paucity of scientific attention given criminology in contrast to technological problems is an example of unconscious avoidance of crime. However, the ambivalence toward the object avoided is manifest in the tendency of the law-abiding citizen to re-enact the criminal act in fantasy. The citizen cannot do without crime because he needs the criminal on whom to project his criminal impulses. The repetition compulsion which holds society bound to its criminals serves the public's feelings of guilt, atonement wishes, the wish to punish, and the need to suffer punishment. Reiwald shows how such practices as placing a hood over the head of the criminal to be executed contain a re-enactment of society's unconscious participation in crime through the repetition compulsion and perpetual

atonement motives. To Reiwald's list of illustrations of society's neurotic fixations in crime may be added the meaning of the last meal for the murderer. In this tradition is concealed the projected wish of society to join the criminal in vicariously destroying the victim (totem-figure) by having the murderer eat fully before his final punishment.

In another direction, i.e., the crime novel, Reiwald traces the compulsion within the detective (and the reader) in his search for clues, the ambivalence toward the criminal and the isolating mechanisms in the detective's work, which are hidden behind the 'intellectual façade' of the criminologic game. Even in the science of criminology, through the attempt to find a physiological distinction among criminals, (Lombrosian and neo-Lombrosian schools) is evident the projection of society's aggressive impulses onto a physical defect. And, this reviewer may add, the same process is traceable in the diagnostic category of 'psychopathic personality' which carries the coalesced and codified prejudices based on anti-social impulses in law-abiding citizens.

The author then studies the criminal himself, including the 'contrary one' of primitive societies, to understand how the criminal offender reflects, in his own psyche, society's projections which are themselves embodied in law and legal tradition. The author concludes that the very fact of an opposition in society, as in political institutions, is a sublimation for the universal isolation of antisocial impulses. The criminal or the antisocial person is a carrier of the public's ambivalence in which he comes to represent in the deeper layers a god or devil. Examining the anthropology of crime, Reiwald demonstrates that punishment for crime through execution is a replica of a sacrifice by the tribe. The death penalty is a communal participation in a sacrifice and so helps to confine the individual and collective aggression. Thus, he points out, within us the criminal is exalted as a god figure and condemned as a devil simultaneously.

With these considerations in mind, Reiwald turns to the resistance meeting criminologic reform and indicates that the only feasible way to proceed is cautiously and slowly to 'demolish the projections' which have kept society's anger in check these many centuries. In fact, criminal justice is a complicated balance which, at the expense of punishing a few criminals, has leveled disturbing, unconscious impulses on the part of the human race.

There is an amazing amount of scholarship in this book. The occasional feeling of impenetrability is perhaps contributed to by the fact that criminology in Europe is a mixture of sociology, philosophy, law, psychology and anthropology. Justice in America, no less than Europe, is blindfolded by society's unconscious reactions (shared by the judge) which, the author states, appear more startlingly in Europe than in this country. The democratizing effect in the United States of public pressure on the judiciary, or at least free criticism thereof, seems to make some inroads on the identification of the judge with the deity and on his overtly sadistic attitude toward the prisoner at the bar. In this connection Reiwald's references to the American scene and literature seem a little inadequate.

The cure, the author suggests, lies in study and treatment both of society and the criminal. The redirection of aggression in the criminal involves nothing less than redirection of aggressivity in society. That this is a gigantic task the author clearly understands, but that it is a necessary piece of social therapy which society needs more than it realizes is the inescapable conclusion.

This volume fulfils its purpose of a psychoanalytic analysis of one of society's most pressing problems. It is a landmark in criminological writing, and is recommended highly for the social psychologist and for everyone dealing with the problem of delinquency, both on a psychological and judicial level.

WALTER BROMBERG (RENO, NEVADA)

THE INFLUENCE OF THE GROUP ON THE JUDGMENTS OF CHILDREN. By Ruth W. Berenda. New York: King's Crown Press, 1950. 86 pp.

This monograph is a lucid presentation of a series of four experiments with children seven to thirteen years of age, designed to study the effect of group opinion on the opinion of a small minority or an individual. Using a relatively simple perceptual task of comparing, matching or estimating lengths of lines, the majority group was coached beforehand to give incorrect answers on selected items. The experimental situation consisted of studying the behavior of naïve subjects when confronted with dissenting group opinion. The findings showed that the amount of 'following' varied principally with the age of the subjects (younger children 'follow' more

readily than older) and the ambiguity of the task presented (on more ambiguous tasks, more 'following' occurred). Prestige factors seemed to play an insignificant role since the least amount of 'following' occurred when a child's answers were matched with those of his teacher.

The stated objective of these studies is 'to come to a fuller appreciation of group dynamics by studying the behavior of young children in situations which are natural and meaningful to them'. The findings contribute little to a fuller appreciation of group dynamics and the author herself says with no apparent awareness of any serious discrepancy that the experimental situation was one in which the children 'found themselves in a situation that seemed to contradict and to undermine what they knew from experience to be true'. The perceptual tasks chosen have no intrinsic social meaningfulness and therefore do not serve to bring the problems of social interaction into sharper focus. The experimental design, by arbitrarily assigning roles to the subjects, eliminates the possibility of studying the important processes pertaining to the formation of cohesive groups and to the development of individual or minority opposition to group opinion. It is conceivable that certain children who found themselves in opposition to the majority would never spontaneously put themselves in such a position. There is no systematic investigation of individual differences in behavior in the experimental situation and concomitantly no investigation of individual personality organization and its relationship to the behavior observed. The main body of experimental data deals exclusively with the actual answers given by the children although many children indicated they knew they were giving incorrect answers. This consideration was ignored and the answers given were taken to represent true perceptual judgments. We therefore do not know to what extent group pressures effected changes in perceptual judgments but, it does seem clear from scattered anecdotal descriptions included in the report, that group opinion worked toward influencing subjects to report their judgments inaccurately. Generally this series of studies presents a description of the overt behavior of school children in a circumscribed situation and is not primarily an investigation into the psychological processes of group interaction.

EL PSICODIAGNÓSTICO MIOKINÉTICO DE MIRA (Mira's Myokinetic Psychodiagnosis). By Dr. Jose Angel Bustamente. Havana, Cuba: Impresora Modelo, S. A., Llinas y Belascoain, 1949. 174 pp.

This monograph details Bustamente's experience with Mira's Myokinetic Psychodiagnostic Test on five hundred Cuban subjects, including four hundred five psychiatric patients and ninety-five controls. It is a test of unsupported movements in space, and involves also spatial kinesthetic perception. The subject is required to draw several figures, first openly tracing, and then blindly retracing these figures, including lines, zig-zags, chains, stairs, etc., in three planes of space—horizontal, vertical, and sagittal. Some of the figures are drawn with both hands, and the direction of drawing is modified in various ways. It is essential that the arm, hand, and wrist be unsupported to get a free myokinetic performance, involving the whole extremity. These drawings are scored as to variations in size, shape, deviation from the axis and underlying printed figure, but an evaluation of the subject's extragraphic behavior in the test is also included. There is some discussion of the theoretical basis which includes the consideration that motor performance is closely correlated to the subject's mental state as well as characterological traits. Following Werner Wolff, the dominant limb is subject to a process of continual training and inhibition, whereas the nondominant limb is left untrained. The former is correlated with consciousness, gross inhibition, as well as training; the latter with the unconscious, less inhibition, and since there is less training, the individual's constitutional endowment. It is claimed that the lack of verbalization leads to more objectivity than other tests. Typical findings in various clinical psychiatric entities are given, compared to Mira's own findings with a high degree of correspondence. An example of how a finding is derived is that in a paranoid individual there is found an increased forward thrust in the sagittal plane, which is taken as an index of extensive predominance over flexor, and is supposed to be correlated with the increased aggressiveness in this disorder. In depressions a downward deviation is found, in excitement an upward deviation. It is claimed to differentiate endogenous and reactive types. Findings are also detailed for organic disorders, and for schizophrenia, and manic-depressive illness, etc. It purports to surpass the Rorschach

test in prognostic value, although inferior in diagnostic value. In the bibliography several references are given to publications in English.

BERNARD BRODSKY (NEW YORK)

BALI: RANGDA AND BARONG. By Jane Belo. Monograph of the American Ethnological Society, XVI. New York: J. J. Augustin, Inc., 1949. 61 pp.

The central theme of Balinese ritual and folklore—the fight between the powerfully destructive witch, Rangda, and the helpful dragon, Barong—is the subject of a detailed field study by the author who spent several years in Bali. The basis of this legend is the old Indonesian creation myth, the belief in the primal, undifferentiated male-female parent. The legend, its enactment, and deeper meanings have been dealt with at length by Bateson and Mead in *Balinese Character*.¹ They see Rangda as a projection of the castrating mother, and Barong as a projection of the loving father. Miss Belo opines that the two characters are identical, expressing the ambivalence toward the mother, her good, food-giving, and her deathly, aggressive side.

Psychoanalysts who frequently refer to Bateson and Mead's book would do well to consult Miss Belo's publication. It deserves serious attention.

WARNER MUENSTERBERGER (NEW YORK)

¹ Bateson, Gregory and Mead, Margaret: *Balinese Character, A Photographic Analysis*. New York: The New York Academy of Sciences, II, 1942.

ABSTRACTS

International Journal of Psychoanalysis. XXX, 1949.

Anxiety and the Capacity to Bear It. Elizabeth Rosenberg. Pp. 1-12.

This paper begins with a recapitulation of the historical development of analytic theories regarding the nature of anxiety. It stresses the importance of Freud's distinction between primary and secondary anxiety. Primary anxiety is understood as a direct result of such helplessness in a situation of overwhelming excitation as to constitute a traumatic event. Secondary anxiety is defined as a defensive reaction brought about by fear in the face of an internal danger situation. Therefore, the capacity to bear anxiety must be considered in the light of this double orientation. There follows a brief discourse on the origin of instinctual frustration and a consideration of the various theories of aggression. This leads to a discussion of clinical material related to the two types of anxiety, illustrating clearly the value of theory to practice. The paper ends with the thesis that experience with anxiety and a mastery of it are necessary for emotional development. Some types of psychotic and pre-psychotic characters are unable to tolerate anxiety.

NORMAN REIDER

A Hypothesis to Explain Trauma-Re-Enactment Dreams. J. O. Wisdom. Pp. 13-20.

The main aim of this paper is to attempt to explain dreams of trauma re-enactment within the framework of Freud's hypothesis that dreams are wish fulfilments. Freud at first considered such dreams an exception to the rule but later modified this view with the concept that dreams are attempted wish fulfilments.

In this presentation Wisdom begins by broadening the concept of wish fulfilment to include pleasure-need fulfilment and punishment-need fulfilment. He then formulates the hypothesis that trauma dreams express wish fulfilments. The rather complicated formulation runs as follows: the trauma expresses a need for punishment. The pleasure-need is also expressed by the dream if one supposes that the object of hostility is within the dreamer. It is typical of trauma dreams that the ending does not disclose the person who has been destroyed, and trauma dreams thus contain distortion by a condensation of the two objects.

RALPH R. GREENSON

Silence and Verbalization: A Supplement to the Theory of the 'Analytic Rule'. Robert Fliess. Pp. 21-30.

In studying the phenomenon of verbalization, it becomes obvious that speaking may influence repression and give rise to 'the release of quanta of regressive affect collateral to repressed ideation'. It is maintained that 'the pleasure-

physiological function of speaking is therapeutically active, and that, since liberation of affect is dependent upon instinctual discharge, a theory of the "analytical rule" must account for its "erotogenic" effects'.

Among the earlier writings concerned with the problem of speaking as an outlet for the discharge of affect, Fliess takes his departure from two basic investigations, one by Abraham and the second by Ella Freeman Sharpe. Abraham describes individuals who, along with the incontrollable urges toward oral communication, tend to urinate excessively—"a need often manifesting itself simultaneously with an outburst of talking or following it directly". Ella Freeman Sharpe establishes the foundation upon which Fliess's later contentions are based. She maintains that since the power of speech is acquired along with the establishment of anal and urethral sphincter control, the relief of feeling tension originally disposed of by bodily discharge can be displaced and find an outlet through the channel of speech. 'The activity of speaking is substituted for the physical activity . . . while words become the very substitute for the bodily substances.' Thus, the act of speaking may under certain circumstances substitute for the performance of urination and it becomes obvious that in individuals showing the well-defined erotogenic disturbance, first described by Abraham, the speech apparatus may be used for the accomplishment of a 'regressive urethral-erotic instinctual discharge in displacement'. The speech apparatus under those circumstances is bound to display functional peculiarities characteristic of the erotogenic zone involved.

Clinical observation leaves no doubt that there are three main types of pathological speech: urethral-, anal-, and oral-erotic. Fliess delineates various types of regressive 'partial-erotic' language, and devotes his investigation to the study of 'interference-silence'. One can conceive of the language of the sphincter as a biphasic process: speaking indicates sphincter action, whereas silence indicates sphincter closure. On the base of definite criteria, there are three types of silence: 1, 'Urethral-Erotic Silence (emulation by the speech apparatus of closure of the sphincter urethræ)'. This type approximates the interruption of normal speech. 2, 'Anal-Erotic Silence (emulation by the speech apparatus of closure of the sphincter ani)'. This form strikes one as an inhibited 'peristaltic' speech. 3, 'Oral-Erotic Silence (diversion of speech apparatus to the control of oral-erotogeneity)'. This form is the most regressive one with a greater 'loss of speech' characteristic of the prelinguistic period of infancy.

Although the occurrence of 'partial erotic language' seems to be limited to individuals with an erotogenic disturbance, it must be emphasized that in the course of psychoanalytic procedure infantile erotogeneity will be reactivated and give rise to it. 'The displacement of such erotogeneity upon the speech apparatus is one of the fundamental effects of the enforcement of the "analytic rule".' It is understood that the insistence upon the analytic rule implies the demand for an optimum of verbal, and a minimum of 'excretory instinctual discharge', i.e., it favors 'obtainment of maximal remembrance and minimal acting out'.

A discussion of the casuistic material and the final metapsychological formulations is prohibited by the scope of this abstract. This is a very stimulating and thoughtful paper, remarkable for its economy of formulation and an uncompromising insistence on terminological clarity.

Notes on a Case of Male Homosexuality. H. A. Thorner. Pp. 31-35.

The case in question is that of a man whose illness started with symptoms of breathlessness and choking. During preanalytic treatment he lost these symptoms, and became an overt passive homosexual. Subsequently, during his first six months of analysis, he became an active homosexual. Finally, at thirty-two, he had his first heterosexual experience.

Thorner tries to show that manifest homosexuality can take the place of another symptom. By the symptom of breathlessness the patient defended himself against the fear of being swallowed (by his mother). In the phase of passive homosexuality he himself became the person who swallowed, thus using a different defense mechanism to deal with the same anxiety situation. One characteristic of his active homosexual phase was that his partners were persecutory rather than love objects—unconsciously externalized internal persecutors, invested with his own projected anxieties. By recognizing these anxieties, he made the first step toward his first heterosexual relationship. This coincided with a strong positive transference in which he identified himself with the good father and thus obtained the father's penis, an achievement beyond his reach in his homosexual relations.

Although this first (and apparently only) heterosexual relationship did not last long, his homosexual activities changed: they lost their compulsive character and became more infrequent. There was also improvement in other areas, such as in his reality-testing ability.

At the end of the paper Thorner discusses the interrelationship between feelings of persecution and homosexuality.

Remarks on the Relation of Male Homosexuality to Paranoia, Paranoid Anxiety and Narcissism. Herbert Rosenfeld. Pp. 36-47.

Rosenfeld agrees with Melanie Klein's hypothesis that the paranoiac is fixated at the early oral level (paranoid position) and that the paranoiac's homosexuality is secondary and defensive in nature. It is the problem of the relationship of manifest homosexuality to paranoia which is discussed in this paper.

The author uses the clinical material from three patients to make the following deductions: in the first patient homosexual activities were used as a defense against paranoid anxieties and stopped when these anxieties became too great. This patient also suffered from occasional elation which Rosenfeld relates to the homosexuality, indicating that he used his homosexual activity as a means of projecting an unbearable internal depressive or persecutory anxiety situation caused by the greedily incorporated penis or breast.

The second patient was a manifest homosexual male of thirty-eight with conversion symptoms, manic-depressive moods, and paranoid anxiety. Rosenfeld deduces that in this case the homosexuality was partly determined by his attempts to appease external persecutory figures by passive anal intercourse. In addition, his homosexuality was used as a defense against depression. In the transference the depression disappeared after a successful interpretation, which in turn permitted the patient to give up his homosexual activities completely in favor of heterosexuality. The deeper mechanisms included attempts to recapture his lost (or destroyed) mother, his virility and penis, all of which were projected on other men.

The third patient was a man with paranoid character traits and strong latent homosexual wishes. After two and one half years of analysis, he developed pleurisy and while hospitalized he became acutely psychotic with suicidal depression and a hypochondriacal kind of paranoia. Rosenfeld declares that through this case he learned (eight years ago) that latent homosexuality may cover up latent paranoia. He mentions the Wolf-man as another well-known case of a neurosis with underlying psychosis. Interestingly enough, this patient returned for treatment after several years despite (or because of) his claim that his analyst had crippled him. He improved quickly and Rosenfeld deduced the presence of a mechanism similar to that in case two.

Lastly, the author uses the third patient to point out the relation between homosexuality and narcissism: a projection takes place of a part of the patient, usually his penis, onto another man to whom there is then a narcissistic attraction. Rosenfeld thinks this projective mechanism can be traced back to the early oral-sadistic impulse of forcing one's self into another person. He brings further clinical data to support this view, held by Melanie Klein and named by her 'the paranoid position'. The fixation at this early level may be responsible for the frequent combination of paranoia and homosexuality.

MARCEL HEIMAN

Aspects of Pathological Grief and Mourning. Charles Anderson. Pp. 48-55.

This paper is based on observations on one hundred patients hospitalized for clinical symptoms diagnosed as anxiety states, hysterias, obsessional tension states, and manic-depressive responses. All were believed to be precipitated by an object loss (usually in connection with the recent war) and thus to represent various types of (pathological) mourning. In Anderson's experience, such patients do badly when treated by the cathartic methods widely recommended for war neuroses. If so treated, frank psychotic reactions may ensue, or at least a worsening of the existing symptoms. Illustrative case reports are given.

CHARLES BRENNER

Notes On Two Special Features in A Homosexual Patient. Hilde Lewinsky. P. 56.

The first feature described is a conscious homosexual masturbation fantasy of playing with the anus and buttocks of a policeman. This is considered an effort to corrupt authority and get the better of father. The second feature refers to a nine-day abstinence from homosexual activities during analysis at which time the patient masturbated and felt this to be worse than his homosexual relationships.

The view is taken that homosexual masturbation is a means of circumventing masturbation prohibition. While preœdipal (breast-sucking) fantasies are also mentioned, it is concluded that the two special features result from œdipal castration anxiety and are devices designed to overcome fear without giving up forbidden pleasures.

A Case of 'De-Conversion'. Ida Macalpine. Pp. 57-58.

A case similar to that described by Freud in *A Religious Experience*¹ is reported. While witnessing an operation on a middle-aged woman, a twenty-six-year-old medical student suddenly felt it impossible to believe in God. Several weeks later, during religious services following the death of his father-in-law, the young man's doubts vanished. These events were interpreted as follows: 1, mobilization of oedipal conflict while witnessing the operation in which he identified himself with his sadistic father assaulting his mother in a primal scene fantasy; 2, reaction against this aggressive wish by turning in revolt (doubt) against father (God); 3, subsequent need to pacify his father when warned by the death of his father-in-law. Thus the student submitted once more to God the Father.

THEODORE BRANFMAN

Delayed Epileptiform Effects of Traumatic War Neuroses and Freud's Death Instinct Theory. Daniel K. Dreyfuss. Pp. 75-91.

Dreyfuss considers the following factors of decisive importance in the causation of a traumatic neurosis: '1, a penetration of the "protective barrier" or ego; 2, introjection and fixation of the traumatic experience by means of 3, an early linking of such recent experiences with infantile traumatic material; 4, defusion of instincts resulting therefrom with consequent loss of genital primacy; 5, regression to pregenital, particularly anal-sadistic and oral levels of libidinal development'. He feels that the intensity of the trauma and the infantile predisposition (degree of libidinal fixation as the result of infantile traumata) are mutually complementary factors. However, at a later point a view is presented which seems to be somewhat different: 'The breaking through of the protective barrier is nothing but a break-through of infantile wishes, a return to the oedipus situation. . . . The shock itself is a "screen" experience wherein the danger of castration of the childhood period once more becomes actual and real.'

Two excellent case reports and an interesting short story by Jack London are given to illustrate the dynamics of traumatic neuroses. In a final section Dreyfuss discusses the question of whether the observable factors in such neuroses require the assumption of a primary death instinct, or whether they can be as well explained by the turning inward of aggression following the trauma. In the end he leaves the matter open, though it would seem that he leans toward the latter view.

CHARLES BRENNER

Hate in the Countertransference. D. W. Winnicott. Pp. 69-74.

Winnicott points out that the analyst, especially of psychotics, will be unable to deal adequately and correctly with his patients unless he is extremely

¹ Int. J. Ps., X, 1929.

well aware of his own hatred (and fear) of the patient—a reaction which is unavoidable however much at other times he may love him. A psychotic, like a child, can believe in the analyst's love only after receiving proof that he is hated. Winnicott gives as an example his treatment of a nine-year-old boy, taken into his home for three months, whose conduct aroused his hatred. He was able to exercise restraint only by acknowledging it to himself and the boy. Winnicott suggests that a mother must hate her child and must be able to tolerate her hatred, as the analyst must tolerate his, without doing anything about it. Winnicott believes that an analysis is incomplete without the interpretation of the analyst's hate to the patient.

LEON L. ALTMAN

A New Interpretation of Hamlet. James Clark Moloney and Laurence Rochelein. Pp. 92-107.

Moloney and Rochelein disagree with the Freud-Jones thesis that Hamlet's inhibition of action is due to his own repressed murderous impulses toward his father. Were it so, they argue, Hamlet would have wanted to rid himself of his feelings of guilt through 'rescue fantasies', and would therefore not have killed Claudius. Then follows their explanation of Hamlet's indecision: he does not want to kill Claudius because Claudius protects him against growing up and possessing the Queen or her substitute, Ophelia. He is afraid of the Queen whom he suspects of having conspired against his father. His indecision stems from his inability to commit matricide, not patricide. Only after his mother's death does he begin to act; he kills Claudius and speaks like a king.

To unearth matricidal motivations in Shakespeare's tragedies is certainly a worthy undertaking. (It is remarkable that many of the mother figures or their substitutes are dead before the curtain rises or are destined to die during the plays.) However, in such psychoanalytic evaluation the documentation must be done with the greatest care to avoid giving the impression that the analyst has imposed his own free associations on defenseless material. Moloney and Rochelein often leave themselves wide open to such criticism.

In an addendum to their paper they suspect that the œdipus complex in general may be a reaction to repressed matricide. Following such an interpretation, Hamlet, in the bedroom scene, deflects his rage against his mother onto Polonius, a father substitute. Beyond the œdipal principle, Hamlet may be unable to kill the King because he cannot kill the Queen.

MARTIN WANGH

The Origin of the Scientific and Heroic Urge (The Guilt of Prometheus). Anton Ehrenzweig. Pp. 108-123.

Ehrenzweig speculates as follows: when the female of the species rose to an erect position, her genitalia disappeared as an object of immediate voyeuristic gratification for the male. In the resulting 'pan-genital crisis of the voyeur libido' the genital urge degenerated into a Thanatos wish for autotomy by the mouth which was equated with the vanished vagina (vagina dentata). The

wish to be seen by the loved partner exposed one to a considerable danger of arousing the urge to devour and be devoured. According to Melanie Klein, the inherited memory of the primeval oral crimes, which are based on the self-destructive tendencies of Thanatos, had to be transmuted by way of guilt feelings into mental aggression in order to save mankind from extinction.

An alternative method for neutralizing the self-destructive oral castration wish appears in the cultural process of science, which projects the internal compulsion and guilt into the compelling laws of nature that are explored in the scientific quest for knowledge and truth. Knowledge is bought by the scientist at the price of accepting castration. By identifying himself with his oral-sadistic mother, the scientist sublimates her oral aggression into his own scientific curiosity. The first object of this curiosity is the Devouring Mother herself.

Fire symbolizes the wish for passive oral castration. Both the myth of Prometheus and the fall of Adam in Paradise tell of oral self-castration which led to mankind's acquisition of knowledge. The heroic feat (e.g., Prometheus's) consists in willingly submitting to oral aggression. The hero's exhibitionism is an invitation to passive castration. He has no guilt feelings. The scientist, on the other hand, is a voyeur. He has already paid the price and connived in his own castration. These two attitudes, the exhibitionistic self-destructive hero and the already castrated oral sadistic voyeur (scientist), represent two types of homosexual attitudes which serve to overcome the (Prometheus) wish for oral self-destruction. In training the destructive element of fire, man also learns to control his own self-destructive Prometheus wish.

All characters referred to in this article are from mythology. No clinical evidence is offered.

JACOB A. ARLOW

Monotheism and the Sense of Reality. Leonard R. Sillman. Pp. 124-132.

In this article an attempt is made to show the influence of monotheism on the development of man's conscience and sense of reality. The first part deals with the effort of the Old Testament to civilize the father and establish the type of family relationship which psychoanalytic knowledge reveals as most beneficial for the individual's psychic development. The second part shows how certain features of monotheistic belief foster the growth of the pre-conscious, thus promoting the development of man's intelligence. The third part explains how monotheistic religions have encouraged the growth of experimental science.

AUTHOR'S ABSTRACT

American Journal of Psychiatry. CVI, 1950.

Clinical Variants of Moral Values. Gregory Zilboorg. Pp. 744-747.

Zilboorg distinguishes between conscience and the superego, and between a normal and a pathological sense of guilt. 'If psychoanalysts could really "analyze out" a human conscience, they would have become the greatest mass

producers of schizophrenic criminals', he declares. He does not further clarify his differentiation between conscience and the superego, but promises to do so in another paper.

A Postgraduate Psychoanalytic Training Program. Its Evolution, Principles, and Operation at the New York Medical College. Alexander Gralnick. Pp. 841-844.

Gralnick discusses the principles and practice of the psychoanalytic training program at the New York Medical College. Franz Alexander, in discussion, sees the development of psychoanalytic training in conjunction with medical schools as the 'liquidation of a cultural lag'. Psychoanalytic institutes, he maintains, developed their independent organization of necessity when freudian theories were rejected by established psychiatry. Now that this alienation has been overcome, it is inevitable that medical schools should participate in teaching psychoanalysis. Alexander points to obstacles which must be overcome if the coöperation of the psychoanalyst and the medical school is to be achieved.

The Semantics of 'Organ Language'. Karl Stern, J. B. Boulanger, and Sheena Cleghorn. Pp. 851-860.

This article presents an intriguing review of words in English, French, and German, used to designate the organs of the body and their functions, and the emotional connotations with which these words are associated. 'Odious' and 'odorous', arising from the same root, show a community of affect; 'snub' derives from 'sniff' and 'sneeze'; insults are 'swallowed' by the patient or timid, while obstinate people are 'stiff-necked'. When the various regions of the body are explored for their contributions to symbol and language, striking parallels emerge through comparisons of the idioms of the three languages.

MARK KANZER

Psychiatric Quarterly. XXIII, 1949.

Some Comparisons of Psychotherapeutic Methods in Schizophrenia. Samuel D. Lipton. Pp. 705-714.

This paper is a review of the literature brought into focus by the work of John N. Rosen on direct analytic therapy of schizophrenia. It is noted that in none of the papers reviewed was the opinion held that the schizophrenic was inaccessible or did not develop a transference. Glover is quoted as stating that much of the alleged inaccessibility of the psychotic is really a proof of our own protective inaccessibility. Actually the schizophrenic develops an intense transference reaction which is extremely sensitive—probably because of his intuitive understanding of the unconscious of the therapist—and which is also extremely ambivalent, presumably because of its primitive nature. He probably seeks a maternal transference. The therapist's ability to tolerate the negative transference is important. Rosen, the author feels, seems to combine an unambivalent maternal attitude, a remarkable tolerance for the negative transference, and a good understanding of the unconscious which enable him to make effective interpretations quickly.

Direct Interpretation in the Treatment of a Case of Schizophrenia. Malcolm L. Hayward. Pp. 720-737.

A schizophrenic woman of thirty-five, who had spent most of her time in mental hospitals for the past twelve years and had not been helped by shock therapies, was treated with direct analytic therapy as described by John N. Rosen and improved remarkably. Transference and particularly the counter-transference of the therapist played the decisive part. While questioning was ineffective, direct interpretations in a rather intuitive manner led to a dramatic release of affect and rapid improvement.

BERNHARD BERLINER

A Multiple-Factor Psychosomatic Theory of Schizophrenia: An Attempt at a Consistent Conceptualization. Leopold Bellak. Pp. 738-755.

The clinical conditions referred to as schizophrenia share in common certain phenomena (thinking disorder, emotional disorder, and a narcissistic orientation with apperceptive distortions). They consist of widely differing syndromes with a multitude of etiological factors leading to a common final path. These may be primarily psychogenic or primarily somatic, but always both. The somatic predisposition plus the sociopsychological predisposition (childhood conditioning) lead to a liability toward the schizophrenic reaction type. However, psychological and somatic (organic disease) precipitating forces may be relatively prominent.

The term schizophrenia is suggested where there is a minimum of somatic and a maximum of sociopsychological predisposition, and also where there is a minimum of somatic and a maximum of psychological precipitating causes. Where there is a maximum of somatic and constitutional predisposition and a minimum of sociopsychological predisposition or precipitating causes the term dementia præcox is advised. The principal types of therapy, such as psychoanalysis, repressive psychotherapy, occupational therapy, shock therapy, or lobotomy, function either in strengthening the ego or weakening the id or superego.

JOSEPH BIERNOFF

Bulletin of the Menninger Clinic. XIV, 1950.

The Survival Function of Schizophrenia. John N. Rosen. Pp. 81-91.

Rosen attempts to explain the sense of reality that schizophrenics obtain from their hallucinations and delusions. He believes that these psychotics live under a death-threatening deprivation and that the becoming real of their imaginations is a last desperate attempt to ward off this destructive deprivation. The ego plays a game and it is the function of the imagination to provide the patient with those things necessary for the continuance of life. In the treatment of such cases it is necessary for the therapist to permit the patient to relive his decisive infantile frustrations and at this time afford him the opportunity of correcting these traumatic events. Rosen's recovered patients tell him that in their treatment he was able to help them overcome their deprivations by his behavior during the therapeutic process.

Interim Report of the Research Project on the Selection of Medical Men for Psychiatric Training. Lester B. Luborsky, Robert R. Holt, William R. Morrow. Pp. 92-101.

The authors describe their research project on the best ways of selecting physicians for psychiatric training. They were interested in finding what qualities of personality make a person most suitable, what instruments to use to detect these qualities, and the best method of using the chosen instruments.

In this paper they report a synopsis of their work to date with preliminary results. They discovered, for example, that one of the most important sources of error in initial predictions was an overestimation of an appearance that suggested maturity, poise, and integrity. They found that a display of overt hostility generally led to an underestimation of the candidate. They pooled the list of attributes thought to be most relevant for psychiatrists and boiled them down to twenty-five, including such qualities as 'integrity, emotional stability, emotional warmth, objectivity toward others, and psychological mindedness'. In order to survey these areas, a new battery of tests, a different interview procedure, and an autobiography were devised. At this point they have prepared a manual to guide the scoring of the most promising procedures in making predictive ratings. Thus far there are some promising results from preliminary cross-validations.

The Use of Infant Tests for Predictive Purposes. Sibylle Escalona. Pp. 117-128.

Escalona points out that in psychological testing generally, there has been a shift toward a holistic view, which has brought about significant changes in the nature of the tests used, in test analysis and evaluation, and in the very aims of psychological testing procedure. The measurement of an absolute level of ability in relatively isolated functions has been replaced by an assessment of psychological functioning as a whole. The author then describes how this concept of testing has been extended to the infant. Prediction of level or kind of mental functioning implies a prediction concerning not only the characteristics of the subject, but also the constellation of the environmental variables. Thus it was found that the predictive accuracy of infant intelligence level tests could be improved when the test results proper were brought into relationship to the clinical observations of the total testing situation.

The Autistic Attitude in Medicine and Science. Alfred Plaut. Pp. 131-137.

In this paper Plaut demonstrates the subtle and insidious manner in which autistic thinking creeps into the fields of medicine and science. The unconscious wish to prove a pet theory or to defend a point of view silently corrupts the conscious honesty of the worker. This can be seen in individuals but more clearly in groups. People who work in universities, institutes, and for government agencies, particularly for totalitarian governments, are often influenced by the atmosphere without consciously recognizing the falsification of their observations. One of the powerful motives is the desire to appear clever at the lowest possible cost and with the least effort. Simple, black-and-white, ready-

made answers are very often autistic. Man tends to forget to how humble a place in the universe he has been relegated by the scientists. Autistic thinking usually springs from the unconscious desire of man to keep man and the individual the center of the universe.

RALPH R. GREENSON

Psychiatry. XIII, 1950.

The Themes of Work and Play in the Structure of Freud's Thought. David Riesman. Pp. 1-16.

According to Riesman, Freud's ascetic, rationalistic dichotomy between work and play belongs to the work morality of nineteenth century Europe, to the period antedating the industrial revolution with its shortening of labor and expanding of leisure horizons. However, a refreshing aspect of Freud's thought is that he never adopted the notion that work and play must alike be fun—a notion which forces upper middle-class American men to merge the spheres of work and play, often without advantage to either. In their long tradition of the driving and driven men who created Western industrial society, Americans have substituted fun morality for work morality which makes it difficult to admit that one is tired; one has not done enough to deserve it, so that under the guise of fun and play, we remain today almost as truly ascetic as Freud. Since many Americans are excluded from meaningful work—are not free to work—they are also not free to play.

Riesman feels that it is now time for analysts and other social scientists to pay more attention to play, to study the blockages in play as they have been studied in work and sexuality, at the same time being aware of the elusiveness and privacy that are its main defenses. We should search for a new integration of work and play which would allow more work in work, more play in play, and thus would be superior to the freudian dichotomies.

Psychotherapy of Psychoses, Some Attitudes in the Therapist Influencing the Course of Treatment. James Mann, Doris Menzer and Christopher Standish. Pp. 17-23.

This is a report on some attitudes of three therapists and the influence of such attitudes on the psychotherapy of eleven psychotic patients. In addition to conscious reasons, these patients were chosen by the therapists for various unconscious reasons, among which are a similarity to some important figure in the therapist's past, behavior on the part of the patient which is perceived as a conflict which the therapist shares with the patient, and flattery of the therapist by the patient.

The therapist's ability to see himself in the patient may have some bearing on the unconscious significance of the term 'empathy'. This feeling of identity is communicated to the patient through the therapist's interest and unreserved acceptance. The repressed conflicts in the therapist, which had originally attracted him to the patient, may be activated by the patient's behavior, and the therapist must be able to handle these realistically—not with emotional

flight nor with retaliation from which abandonment may result. Self-scrutiny by the therapist serves to avoid or correct deterioration of the therapeutic relationship and to permit continuation of treatment.

HELEN TAUSEND

Some Aspects of Lobotomy (Prefrontal Leucotomy) Under Psychoanalytic Scrutiny.
Jan Frank. Pp. 35-42.

Some analytic observations gleaned in over six years of contact with more than three hundred cases of lobotomy are reported. The lobotomized patient cannot associate freely in a meaningful manner; neither can he enter into a transference relationship in the usual sense. His dreams have the character of direct wish fulfilment like those of children. Several lobotomized patients are described to illustrate personality changes brought about by the operation.

Ferenczi thought that in psychosis a pathogenic process in the brain threatened the ego nucleus. Following lobotomy this narcissistic threat is answered with a constriction and hypercathexis of the ego boundaries—to borrow Federn's terminology. The asponaneity and lack of initiative in the lobotomized person is thus not only a defect, but also a defense against the fearful experience of being unable to master reality.

The emotional asymbolia caused by lobotomy drains away a psychic dimension. The forebrain, in the part it plays in gross functional representation, is an important instrument in the integrity of the preconscious system. The defensive hypercathexis and constriction of the ego boundary which follow lobotomy enable the psychic apparatus in some cases to ward off flooding by id derivatives. At the same time schizophrenics who have no one to accept them after the operation cannot make an adjustment outside a hospital.

MARTIN GROTJAHN

New Views on the Psychology and Psychopathology of Wit and of the Comic.
Silvano Arieti. Pp. 43-62.

Arieti reviews the literature on wit and adds to it his own theories of the 'paleologic', a logic which antedates Aristotelian logic and is in essence an archaic, more elastic and complaisant system of logic which permits interpretation of reality in accordance with one's wishes. This is used by psychotics in dreams as well as in wit and the comic. Paleologic thinking permits a choice of predicates out of numerous possible ones and may lead to deductions which are gratifying for the individual. Also there is emphasis on denotation and verbalization with reduction in connotation giving rise to extreme literalness.

Examples are given of wit wherein two concepts are identified because they have the same verbalization; where denial of a statement is the assertion of its opposite; where repression and gratification occur simultaneously—especially in relation to sexuality and hostility, human frailty and man's inadequacy. Representation through the opposite confers charm and beauty on a joke; condensation lends significance to jokes. These are due to paleologic identification or compositions.

Many mental and neurological patients appear facetious to the listener through their use of very primitive paleological mechanisms. However, when the language is so remote from reality that no similarity or possibility of confusion with logic is left, it is not laughable.

HELEN TAUSEND

Psychosomatic Medicine. XII, 1950.

A Note on Psychosomatic Correlations. William T. Lhamon and Leon J. Saul. Pp. 113-115.

Early attempts to correlate organic symptoms with psychodynamic factors were based on the premise that the personality functioned as a homogeneous unit. Specific organic conditions were thought to be characteristic of certain personality types, e.g., 'ulcer personality'. A modification of this 'personality-as-a-whole' concept was introduced with studies of 'personality profiles' wherein the correlation was sought between symptoms and the main configurations of the personality. The search for psychosomatic correlations was placed on a sounder footing when detailed study was directed to the specific conflicts which seemed most directly related to the symptoms. What was found characteristic was not a certain personality type but a typical conflict situation.

Psychosomatic symptoms represent a partial regression. They occur in all sorts of personalities. All phases of libidinal development are represented in varying degrees in the adult personality. The total personality depends on the proportions of all the trends, regressive and progressive. The partial regression represented by the psychosomatic symptom may serve to prevent a psychological regression so that individuals with psychosomatic symptoms may be the opposite of infantile in their outward personalities. In order to narrow the gap between the physiological and the psychological, it is necessary to study in detail the individual impulses and their interactions as well as their specific relations to the symptoms.

Life Situations, Emotions, and Graves' Disease. Theodore Lidz and John C. Whitehorn. Pp. 184-186.

Hyperthyroidism may be precipitated by the emotional stress accompanying a disruption or threat of disruption of the dominant interpersonal relationship on which the security of the patient depends. It produces its pathogenic effect in persons who are vulnerable through a specific personality constellation. These individuals are dependent for their security on the affection and protection of others which they endeavor to secure by lavishing attention and care on them. Unless they can give of themselves they feel unwanted and rejected. This pattern originates in a particular relationship to the mother whose affection is wooed through intense and persistent devotion and a denial of all rebellious feelings. Later such an attitude may be transferred to a mate or children, with resultant jealous possessiveness and apprehensive oversolicitude for which they expect in return unswerving fidelity. Thus vulnerable, these patients are constantly suffering disappointment. Such a pattern is found even

in patients who give the opposite impression. Such a patient is briefly described. Lidz and Whitehorn abstracted this pattern from the study of a considerable number of women hyperthyroid patients; too few men were investigated to establish a pattern for them. Nothing is known of the mechanism whereby the thyroid gland becomes implicated.

Life Situations, Emotions, and Glaucoma. Herbert S. Ripley and Harold G. Wolff. Pp. 215-224.

In a group of eighteen patients with glaucoma, the severity of ocular symptoms and the level of intraocular tension were found to correlate with emotions of anger, anxiety, or depression, and rarely with feelings of joy. Periods of tranquility were associated with remissions of signs and symptoms. In several of the cases excessive weeping either preceded the development of the glaucoma or alternated with elevations in intraocular pressure. It seemed, therefore, that emotional tension which did not find satisfactory release was an important factor in the exacerbation of the glaucoma. Ripley and Wolff suggest that in some individuals there is a concomitant participation of the aqueous humor regulation of the eye in emotional upheavals, and that the increase in intraocular pressure represents an inappropriate biological pattern of mobilization.

S. GABE

American Journal of Orthopsychiatry. XX, 1950.

The Strange Hen. David M. Levy. Pp. 355-362.

Levy describes observations on the behavior of hens when a stranger is introduced into the group. He concludes that there is a basic drive, a seeking of one's kind, that is operative before dominating tendencies are asserted and also precedes evidence of sexual activity. In this 'primary biosocial drive', Levy sees the elementary basis of all the processes of identification. Studies of orphan and mothered chicks are used to substantiate these views.

Values and the Psychiatrist. Sol W. Ginsburg. Pp. 466-478.

The analyst inevitably works with values and should not only recognize but consciously make use of his own values. This involves recognition of social realities. 'Our claim that we have no blueprint for our patient, that we want him only to be free to transform his instinctual needs into meaningful and healthy patterns of living, is illusory. Analysts must work with a definition of what constitutes the mental and emotional health they are trying to enable the patient to achieve . . . every choice a patient makes—a job, a spouse, an avowed cause, an assumed obligation—has values involved in it, and much of the work of the therapist will reflect his insight into values' which should be acknowledged and systematically explored. Ginsburg indicates that psychiatrists cannot obtain a satisfactory concept of values merely in the secluded protection of the treatment room.

Observations on Asthmatic Children. Irving D. Harris, Lydia Rapoport, Mary Ann Rynerson and Max Samter. Pp. 490-505.

Investigations of asthmatic children support the hypotheses of French and Alexander that these patients are particularly prone to fear of separation from the mother and find it difficult to cry and to confide in her. On the other hand, the authors discovered a group of asthmatic children who did not reveal these characteristics yet showed much the same response to allergic treatment. Questions arise as to the evaluation of psychogenicity and indications for psychiatric treatment.

A Study of Hostility in Allergic Children. Hyman Miller and Dorothy W. Baruch. Pp. 506-519.

Using Wickman's criteria of 'withdrawing' and 'attacking' dispositions in children, and comparing allergic with nonallergic groups, Miller and Baruch found a significantly greater turning of aggression against the self in the allergic groups. They suggest that constitutional allergies are activated under such circumstances.

MARK KANZER

Archives of Neurology and Psychiatry. LXIII, 1950.

Studies on Headache: 1. Effects of Carbon Dioxide-Oxygen Mixtures Given During Preheadache Phase of the Migraine Attack. 2. Further Analysis of the Pain Mechanism in Headache. Robert M. Marcussen and Harold G. Wolff. Pp. 42-51.

This paper describes the results of clinical and experimental studies which attempt to clarify the nature of the vascular changes in migraine. The pre-headache phenomena of migraine are probably due to cranial vasoconstriction. These phenomena can be abolished or modified by the administration of a mixture of ten percent carbon dioxide with ninety percent oxygen during the preheadache or early headache phase. During the headache phase there is vasodilatation and edema of the vessel walls. When vasodilatation and edema were induced in patients experimentally they did not produce pain. It is therefore inferred that in addition other factors are necessary for the production of vascular headache. The vasodilatation may be an attempt on the part of the body to restore the homeostasis of cranial circulation.

Studies on Headache: Distention of the Rectum, Sigmoid Colon and Bladder as a Source of Headache in Intact Human Subjects. H. Schuyler Robertson and Harold G. Wolff. Pp. 52-55.

It has long been believed that constipation and distention of the bladder are causally related to headaches. Robertson and Wolff studied seven volunteers and found that headache did not result from the experimental distention of the bladder or large bowel. It is inferred, therefore, that the association between constipation or urinary retention with headache is probably not directly related to the visceral distention or to the contraction of the large bowel.

RALPH R. GREENSON

Journal of Nervous and Mental Disease. CXII, 1950.

Emotions Induced and Studied in Hypnotic Subjects, Part II: The Findings. Nina Bull and Lothar Gidro-Frank. Pp. 97-120.

The authors extend the James-Lange theory of emotions to include the concept that emotion is the feeling of the motor attitude, a consciousness of preparation or readiness for action. Disgust, fear, anger, depression, triumph, and joy were studied in hypnotized subjects to whom these emotions were suggested. Objective and subjective observations were collected. Specific action patterns were obtained to the stimulus words. In disgust the authors find two incompatible reactions, one visceral and the other skeletal. In fear the alternate reactions were wanting to get away and being rooted to the spot. In anger there was a forward-moving tendency to attack which brought on a second reaction of strong restraint. In depression a sequence of patterns was touched off by interference with the act of striving. In triumph and joy there was a reversal of the various factors in the depression complex.

This paper is a thought-stimulating one, but it suffers from conceptual and methodological errors. First, it seems evident that the orientation of the authors is essentially a biological one. In attempting to study the emotions they fail to establish and work from a coherent set of axioms. The result is that words like 'conflict' are misused. The authors see within the structure of the alternate motor reactions available to the individual a conflict of two incompatible reactions. It appears to this reviewer that the reactions to the stimulus words are multi-determined; that the choice which the organism makes will be dependent on many factors—not only that which will be most efficient for the particular stimulus; that the reactions observed are alternatives rather than incompatible, conflicting reactions; that within the structure of each of the reactions one might understand from the psychological point of view the alternatives of 'fight or flight' and from the biological point of view either incorporation into the organism or elimination from the organism. This would hold for the more simple emotions of disgust, anger, fear. No attempt is made by the authors to correlate their findings with psychoanalytic findings. Finally it might be stated that what was here studied was not the psychology of the emotions but rather affects and the potential discharge mechanisms available to the total apparatus. Meanwhile the psychology of the emotions was necessarily by-passed.

Mild Manic-Depressive Psychosis, Depressive Type: Psychiatric and Clinical Significance. John D. Campbell. Pp. 206-236.

Campbell's thesis states that there are many cases of manic-depressive psychosis which go unrecognized and misdiagnosed. The idea is a good one and is repeatedly used by clinicians who are psychoanalytically oriented in the sense that they recognize that some syndromes mask a depression or are defenses against depression. Campbell, however, has another idea. His chief interest is in pointing out features of autonomic dysfunction characteristic for manic-depressive psychosis and, by implication, justifying the constitutional and physiochemical etiologies and shock therapy.

VICTOR CALEF

Journal of Neurology, Neurosurgery and Psychiatry. XIII, 1950.

Normal Mentality Associated with a Maldeveloped 'Phinencephalon'. P. W. Nathan and Marion C. Smith. Pp. 191-197.

Many experiments with cats, dogs, and monkeys try to establish certain parts of the brain as responsible for this or that emotional expression. Here is considered the clinical case of a human being with no neurologic, neurotic, or psychotic symptoms who lived thirty-four years and died of a chondrosarcoma of the ileum. He was intelligent, easy-going, not prone to rages, and attained the same socioeconomic level as that of his father and siblings. During the recent war he served in the army for five years. Yet on autopsy his brain showed marked abnormalities such as absence of the fornix and massa intermedia, an abnormal and very small hippocampus, and an anomalous cingulate gyrus and corpus callosum—loci previously described by various authors as necessary for emotional control and integration.

KENNETH MARK COLBY

Mental Hygiene. XXXIV, 1950.

Psychiatric Service in Relation to Public-Health Activities. Jules V. Coleman. Pp. 364-372.

Workers in the field of public health can perform their function far better if they work with the insights and concepts of psychiatry. There is a two-way learning process between psychiatry and public health. The mental hygiene approach is an integral and inseparable part of the philosophy of public health practice. Psychiatry's contribution is, however, contingent on an acceptance of the philosophy and aims of public health, a willingness to work within its administrative and functional organization, and a recognition of those mental hygiene objectives of public health which have already been achieved. The people who are served by public health activities have the usual psychiatric problems and are therefore greatly in need of mental hygiene services.

JOSEPH LANDER

Journal of Social Psychology. XXIX, 1949.

The Origin and Nature of Social Life and the Biological Basis of Coöperation. M. F. Ashley Montagu. Pp. 267-284.

The fundamentally social nature of all living things has its origin in the physical relationship between parent and dependent offspring. The organism is a species of society and the solitary animal is, in any species, an abnormal creature. The tendency of living things to form societies is coeval with life itself. Examples of biological coöperation or biosocial facilitation are cited and are held to represent, among lower and simpler animals, earlier stages of the complex social life of higher animals. This principle of coöperation has great survival value and is as important if not more important than competitive struggle for existence and survival of the fittest. Coöperative and competitive principles actually operate simultaneously. These concepts are applied to an understanding of the biological and psychological situation of the

human infant as it develops. The concepts are used to attack the 'myth of the rugged individual': 'As the child matures and the socializing process continues . . . the child becomes more and more firmly bound to the socializing agent, more and more dependent rather than more free, and this social binding continues throughout life'. Montagu traces the relationships among this biological principle of coöperation, the prolonged dependency of the human infant, and the importance of love and security in the development of children.

ROY SCHAFFER

Transactions of the New York Academy of Sciences, Series II. XII, 1950.

Thematic Apperception: Failures and the Defenses. Leopold Bellak. Pp. 122-126.

A significant number of TAT records do not show pathology because of the paucity of content in the stories or for other reasons. Bellak therefore urges that we 'study apperceptive protocols specifically from the standpoint of the defenses as indicators of personality structure, as criteria of assets and liabilities, and often as the only clues to impulses which themselves may have become completely invisible'. He discusses manifestations of perceptual repression, denial and turning into the opposite, displacement in time or place, reaction-formation against aggression, and other defenses. We need to understand failures in terms of defenses against anxiety, as in the psychoanalytic situation. The TAT presents a special ego problem that requires mental activity which is more controlled than that in nocturnal dreams, which involves a more defined task than do daydreams, and which needs freer rein than does thinking about the structured problems of everyday routine.

ROY SCHAFFER

The British Journal of Psychology, General Section. XXXIX, 1948.

Responses of German and English Secondary Schoolboys to a Projective Test. A. Kaldegg. Pp. 30-53.

Large groups of schoolboys were told of various incidents and relationships in the life of a boy. After hearing each segment of the story they were asked questions regarding the motivation of the characters, the consequences of certain acts, and the like. Such boyhood experiences were involved as crying, dreaming, wishing, keeping secrets, being afraid, lying, and observing hostility between the parents or between parents and children. The responses of the German boys demonstrated a marked identification and loss of distance, a strong tendency toward conventionalism and rigidity, anxiety over schoolwork and wrongdoing, a particular dislike of cowards, and a favoring of corporal punishment (increasing with age) with no regard for fitting the punishment to the crime. English boys, in contrast, dislike bullies, ruffians, and girls, become more lenient with age rather than more drastically punishing, are sensitive to adapting punishments to crimes, and in general maintain a more detached and imaginative attitude toward the life situations in the story.

ROY SCHAFFER

NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

April 17, 1950. CLINICAL OBSERVATIONS ON THE TREATMENT OF MANIFEST MALE HOMOSEXUALITY. Anna Freud.

Miss Freud approached her clinical observations on the treatment of manifest male homosexuality by first surveying the psychoanalytic literature. Various authors had stressed the instinctual, bisexual basis of homosexuality; others emphasized the significance of such experiences as intense mother fixation, phallic narcissism, sibling rivalry, and trauma in childhood (related particularly to menstruation and circumcision). In the literature, the prognosis seemed largely concerned with the significance of such nosological 'types' as Ferenczi's subject or object homoerotic, or anal-sadistic or passive types, etc. In general an attitude of therapeutic pessimism prevailed, with frequent references to the problem of pleasure-gain associated with manifest homosexuality.

Miss Freud illustrated her experience by discussing four dissimilar cases of manifest male homosexuality, all of whom did well in analysis, and offered some conclusions at variance with, and some paralleling those noted in the literature. In addition to reporting a feeling of therapeutic optimism, she noted that evaluations of the patient's apparent motivation for cure, or of the type classifications based on overt behavior, failed to give accurate prognostic information. On the other hand, an appreciation of the fact that the conflict in these patients is between the desires for both active and passive roles is essential. Awareness of the patient's unconscious fantasy about his changing role in the homosexual relationship leads to therapeutically effective interpretations. Although many preparatory interpretations could enable such men to approach the feared woman with greater ease, only two interpretations seemed capable of allowing these homosexuals to divert their libido from one sex to the other.

These interpretations were based on the following two conceptions: in the case of male homosexuals who choose boys as their passive partners, Freud has stated that they identify with the partner and enjoy the satisfaction in the passive role themselves. Miss Freud discovered a parallel in the case of the apparently passive 'feminine' homosexual, who pursued the strong masculine man and also identified with his object, since the object represented his own forsaken masculinity. For the latter patients, loss of their homosexuality seems a renewed castration threat, since it robs them of the chance to find and enjoy the penis, unconsciously ceded to other men at the cost of their own potency and interest in their own bodies.

When such interpretations restored heterosexual potency the patients showed a striking re-enactment of the childhood phase of phallic narcissism, with their penis and body, rather than the woman, as the love object. Along with this were grandiose fantasies of potency and of possessing all women, which had to be interpreted before the patients could invest the object with some overflow of their own narcissistic libido, the prerequisite for true genital love. However, the persistence of fantasies stemming from submissive and passive desires hindered

restoration of the full ability to possess and love a woman. The climax of the conflict over masculinity and femininity in these patients was expressed in the fantasy of dissolving into nothing at the height of male potency, and full sexual normality and ability to love could be achieved only by the complete resolution of this fantasy.

Dr. Herman Nunberg stated that in treating patients who were disturbed about their masculinity, the various forms of the aggression arising from the castration complex must be analyzed. He found it much more difficult to show patients their reactive passivity and masochism, and cited other indications of the agreement between his views and the speaker's. Dr. Heinz Hartmann also stressed the importance of a genetic rather than a descriptive approach to the patients' fantasies, and agreed that the prognosis of such patients varied with the degree of transformation of the aggression into masochism. Dr. Ludwig Eidelberg felt that the oral regression or fixation common to these patients indicated that their hatred of women and preoccupation with the penis were a defense against impulses springing from the relationship with the preoedipal mother. Dr. Edmund Bergler noted that the fear of the penis being dissolved during intercourse was not a phallic castration fear as much as it was a fear of complete annihilation stemming from the deep oral regression. Dr. Grete Bibring believed that a female analyst for such patients facilitated the early transference in a helpful way, but agreed it was most difficult to lead these patients to becoming fully loving persons. Dr. Herbert A. Wiggers quoted his experience that the analysis, in the transference, of the patient's rage at the rejecting weaning mother led to full genital heterosexual love.

Miss Freud observed that the fear of the father in the oedipus complex could not alone explain the homosexual's rejection of his own masculinity. In these patients an active conflict between their masculine and feminine tendencies led to their inability to identify fully with the father. The passivity, desires and fears of such patients were shown in the analyses by occasionally falling asleep on the couch, and, for example, by the fact that the fear of entering the woman with the penis was the wish for the most infantile irresponsibility in the mother's care. This could lead from anxiety to an inability to coöperate which she illustrated. In regard to the oral regression which played an undoubtedly important role, Miss Freud felt that the good prognosis of her patients depended upon the fact that they had had relatively healthy development up to the phallic phase, where their abnormality began with the failure to identify with the father and progressed to homosexual object choice.

HERBERT F. WALDHORN

October 31, 1950. *THUS SPEAKS THE BODY, ANALYTIC POSTUROLOGY.* Felix Deutsch, M.D.

Over a period of seven years Dr. Deutsch has studied the postural behavior of patients in analysis as a research problem in the origin and development of motility. Whatever happens in one part of the body is reflected in the body as a whole and is integrated into the function of the whole organism.

The amount of physiological discharge corresponds to the amount of undischarged emotion. Analysis provides a particularly favorable experimental setting for examining such physiological expressions, and such splitting into individual components of behavior. Studies of posture are useful also in evaluating therapy and in affording clues to prognosis. The method of recording postures is described, daily records being summarized in a final 'posturogram'.

Each patient has a characteristic basic posture typical for him. Immobility in compulsives represents a defensive attitude of the ego against instinctual impulses. Postures change with the shift of the psychodynamic situation. Where the ego is unable to control instinctual impulses, there is considerable variability in posture during the analysis. Thus, the postural behavior of paranoids and individuals with homosexual panic is disorganized. Ego function can be considered effective when it succeeds in maintaining an equilibrium in postural behavior, when there is coördination and synchronization. Complications arise when there are motivations of different orders. Multiple motivations result in postural configurations consisting of a combination of differently determined postures of single parts. Examples of clinical syndromes and their postural correlates are given.

Dr. Edith Jacobson asked if certain types of patients were more apt to express their conflicts posturally than others, and if so, which ones. Dr. I. Peter Glauber drew parallels between postural behavior and the form (in distinction to the content) of speech in neurotic patients. He stressed the value of such observations as regards prognosis. Dr. M. Ralph Kaufman emphasized Dr. Deutsch's warning regarding the dichotomy between looking and listening, with the necessity of engaging in both forms of observation. The totality of analytic observation is furthered by this type of study. Dr. René A. Spitz spoke of the generally valid and understandable posture as opposed to the individual postural language, specific for a given patient. He referred to head movements in children, with their negativistic significance. Behind the shaking movements of the head which we interpret as negativism, however, one can find a different meaning: the infant is seeking the breast, in its efforts to neutralize the disagreeable disturbance to which it has been subjected.

JOSEPH LANDER

November 14, 1950. FREUD'S CONCEPTION OF LOVE. Edward Hitschmann, M.D.

Dr. Hitschmann summarized Freud's views on the psychology of love in the development of the male. The feeding mother is the boy's first love. If the adult object choice is of the 'anaclitic type', the mother reappears (unconsciously) in the person of the beloved. In the 'narcissistic type' of object choice the love object is a substitute for the ego ideal. The passionate, monogamous character of love derives from the fact that its unconscious origin is the incestuous love for the mother. Biographical studies of Goethe, Samuel Johnson, Gottfried Keller, and Johannes Brahms show the effects of mother fixation on the adult's love life. Stendhal remembered his boyish incestuous wishes even in adult life.

Falling in love may be compared with the experience of revelation in religion. In both there are feelings of bliss, and a feeling of being united with

a longed-for object. In religious revelation, however, the object is unconsciously the father, God.

Freud reached several pessimistic conclusions about the limitations of men's love. First, the narcissistic nature of the woman's love leaves the man in doubt as to whether he is really loved, and therefore he is never fully gratified. Second, the adult object is always a substitute for the original, a situation unfavorable for full gratification. Third, the fusion of tender and sensual feelings is a source of conflict for the majority of cultured men. Fourth, restrictions and prohibitions exist in our society at the expense of gratification. *

Dr. Géza Róheim commented that there was, in his opinion, no society in which the state of being in love was completely absent. Dr. Bertram D. Lewin remarked that our vocabulary was ridiculously limited with respect to names for the various emotional states which come under the heading of 'love'.

DAVID KAIRYS

November 22, 1950. SPONTANEOUS FLUCTUATIONS IN DEPTH OF HYPNOSIS AND THEIR IMPLICATIONS FOR EGO FUNCTIONS. Margaret Brenman, Ph.D. In collaboration with Merton Gill, M.D. and Robert P. Knight, M.D.

This investigation was concerned with the spontaneous fluctuations in the depth of hypnosis occurring during hypnoanalysis. The hypothesis was advanced that changes in depth of hypnosis occurred when there was evidence that an existing impulse-defense balance was being threatened with accompanying indices of conflict and anxiety. This threat to the existing balance might occur either as the result of an upsurge of a passive need or as the result of a hostile wish which was insufficiently defended against. The patient dealt with the resultant anxiety by a change in depth which represented an attempt either to gratify the impulse, to defend against it, or both. A method of validating the hypothesis by having independent observers judge the records 'blind' was described. The results of these independent judgments supported the hypothesis as at least a necessary condition for a fluctuation in depth of hypnosis in the test situation. The paper dealt further with the clarification of indices of a disrupted equilibrium as against the indices of an ego in a stable impulse-defense balance. The authors felt that their findings suggested that the hypnotic state involved not only the expression of instinctual impulses but the defense against them. They discussed the relationship of all of the above to some of the more general problems of ego functioning, particularly that of rapidly changing ego states with increase and decrease in regression.

Dr. Bertram D. Lewin discussed the relationship between hypnosis, dreams and sleep and suggested that sleep is an ego function and may be used as a defense. Dr. Lawrence S. Kubie questioned the meaning of 'fluctuation in depth', and suggested that better controls and more elaborate techniques were needed to study these fluctuations. He discussed the critical factor in the production of the hypnotic state in terms of an alteration of ego boundaries between subject and hypnotist. Dr. Rudolph M. Loewenstein discussed the preservation of reality testing, defensive and autonomous functions in the hypnotic state, raised some questions about fluctuations in depth, and suggested

a comparison with changes in 'depth' in analysis, e.g., variations in ratio of primary to secondary process. Dr. Edith Jacobson raised the question of the possible differences between fluctuations taking place in nontherapeutic as opposed to therapeutic hypnosis. She pointed out that while hypnosis might be utilized for defensive purposes, it did not itself represent a defense. Dr. Otto Isakower questioned the validity of accepting the subject's subjective report as the criterion for change in depth. Dr. Gustav Bychowski raised the question as to whether sleep and the passive attitude of the schizophrenic might also be defenses against hostile or libidinal impulses. Dr. Adolph Stern suggested that deepening of hypnosis is associated with gratification of impulse, and lightening with frustration, rejection, etc., in the relationship between hypnotist and subject. Dr. Melitta Sperling asked whether the rapport between mother and child is the model for the rapport between hypnotist and subject. Dr. Bela Mittelmann believed that the subjects' statements about changes in depth were significant since the investigators could make correct predictions based on them. Dr. Herman Nunberg stated that the phenomena of hypnosis could best be studied in analysis in the transference situation, since in both there occur regression and a giving up of important ego functions.

In closing, Dr. Brenman defended the validity of the use of subjective reports about depth changes and discussed the problem of whether it was valid to draw conclusions from changes occurring in the hypnoanalytic situation about the nature of hypnosis. She stressed the pregenital nature of the hypnotic relationship and the preservation of the defensive function of the ego in hypnosis.

CHARLES FISHER

November 28, 1950. AN ADDENDUM TO FREUD'S THEORY OF ANXIETY. Charles Brenner, M.D.

This paper was confined to one part of Freud's final theory of anxiety. This part, clinically of minor significance, states that anxiety might arise automatically (without ego signal) in states of excessive psychic tension (traumatic states), which occurred regularly in infancy and might occur in later life. Dr. Brenner examined the evidence for this hypothesis and suggested alternative modifications in the development of anxiety in infancy. He proposed that in the earliest period of life the infant was aware only of the emotions of pleasure or unpleasure without anxiety, but that as experience increased and other ego functions developed (e.g., memory, sensory perception), the child became able to predict or anticipate a 'traumatic situation'. This ability of the child to react in advance to danger might be considered to be the beginning of the specific emotion of anxiety, which in the course of further development might be supposed to become increasingly sharply differentiated from other unpleasant emotions.

Dr. Ludwig Eidelberg discussed a possible distinction between normal and neurotic anxiety, and asserted that the basis of Freud's final theory of anxiety was the theory of the life and death instincts. Dr. Judith Kestenberg cited certain clinical phenomena in infants which she felt were best explained by

assuming that the drives were directly transformed into anxiety. Dr. Rudolph M. Loewenstein questioned whether these alternative hypotheses might not tend to make one overlook the importance of the fact that there was a sequence of traumatic situations as the infant grew: loss of object, loss of object love, genital injury, etc. Dr. René A. Spitz asserted that 'actual neuroses' probably existed as described originally by Freud, but were less commonly observed because of a decreased frequency of coitus interruptus. Dr. Max M. Stern discussed the relationship of anxiety to the phenomena of shock and the alarm reaction. He asserted that anxiety was part of a 'countershock' reaction. Dr. Abram Blau maintained the validity of the classification, 'actual neurosis'. Dr. Otto Spierling was likewise in general agreement on this point, and added that anxiety might be thought of as a reaction which was at first of the type, unconditioned reflex, later becoming the type, conditioned reflex. Dr. Herman Nunberg emphasized the importance of the subject, and referred to Freud's view that affects were inherited acquired characteristics.

In closing, Dr. Brenner remarked that there were two general lines of objection. The first was that 'actual neuroses' as described by Freud existed, and by their existence proved that anxiety developed automatically in states of psychic tension. The second was that the suggested modification of Freud's hypothesis tended to blur or minimize the genetic relation between even the earliest of the infant's reactions in a traumatic situation, and anxiety in later life. As to the first of these, he urged documentation by publication of suitable case studies, since the literature at present did not contain evidence to justify the retention of Freud's original concept of 'actual neuroses'. As to the second, he wondered whether, on the contrary, there was not some gain to be anticipated from the suggested revision of hypotheses and terminology.

DETROIT PSYCHOANALYTIC SOCIETY

With the passing of DR. HENRY A. REYE in his sixty-fourth year on December 6, 1950, the Detroit Psychoanalytic Society has lost the third of its charter members. The two others were Dr. Clara Happel and Dr. Norman Tufford. At the time of his death Henry Reye was the dean of Detroit psychiatrists in the length of his practice, which he had started there in 1916. Serious illness gradually curtailed and finally terminated his medical activities some time before his death. Dr. Reye was a brilliant, forceful, dynamic personality. Self-supporting from the time of his arrival in this country from Germany at the age of sixteen, he worked his way through high school. He was the first trained psychiatrist to practice in Detroit. From the beginning he was strikingly successful, both in building a large practice at a time when psychiatry was either unknown or was abhorred when it was known, and in establishing himself high in the esteem of his medical colleagues. He began teaching at the Detroit College of Medicine soon after his arrival, and in 1922 he was appointed Professor and Director of Neuropsychiatry at Wayne University Medical School, which post he held until 1946 when he was appointed Emeritus Professor. He was one of the very few psychiatrists, assigned as such, to the United States

Army during World War I. Perhaps the most striking example of the zeal and sincerity with which he was motivated was his relationship to psychoanalysis. By 1926 he had abandoned the theoretical teachings in which he had been trained as being inconsistent with his experience and was gravitating toward a dynamic viewpoint, though he had not as yet really discovered psychoanalysis. In the early 1930's a number of colleagues, similarly perplexed, resolving that they must learn something more about analysis than they could through their reading, approached him for backing to help bring a training analyst to Detroit. He not only consented but, though considerably older and with a well-established position, he became one of Dr. Happel's first analysands and later accompanied the group on their weekly and biweekly trips to the Institute for Psychoanalysis in Chicago. It is unfortunate that he could not have lived longer and participated more fully in the fruits of his efforts. It is difficult to estimate the value of any man, but certainly Dr. Henry Reye deserves a place among those pioneers as a result of whose efforts our way is made easier and our burdens lighter.

MEETINGS OF THE LOS ANGELES AND SAN FRANCISCO PSYCHOANALYTIC SOCIETIES

October 28-29, 1950.

ON TEASING. Samuel J. Sperling, M.D.

A case is reported in which teasing played an important role in the therapy, being used to express both positive and negative transference feelings. The positive and constructive aspect of teasing is often overlooked in psychoanalytic therapy.

Teasing is a specific pattern of interpersonal relationship, which stems from an almost universal phase of childhood development in which primarily strong sado-masochistic drives are sublimated under social pressures. The pattern is characterized by the teaser eliciting emotional and behavioral responses from a resistant and reluctant teased person, who, nevertheless, is forced to participate in the teasing activity. The reluctance stems from the definite serious character and painful potentialities of the teasing. The teased one overrules this danger because other fears seem more threatening and a potential pleasurable premium may be offered.

Individuals who do not master the common teasing experience of childhood have difficulty later in recognizing the boundaries and realities of the playful and pleasurable components and the serious or potentially disturbing activities in interpersonal relationships. The mastery of the teasing experience appears to facilitate the development of playful and more free interpersonal relationships and activities, as well as more active and socially acceptable outlets of aggression in such common social experiences as coquetry, bantering, sportsmanship and salesmanship.

The use of teasing in several cultures as a means of developing specific personality patterns is illustrated. It facilitates that difficult and often simultaneous combination of competitive and coöperative activities in interpersonal relationships that is a commonplace in our culture.

Three points seem to be especially striking to Dr. Gregory Bateson: first, Dr. Sperling's recognition that teasing is an essential part of the process of socialization in many cultures; second, the recognition that the teasing episode is always in some sense incomplete. The teasing may go so far and no further; if the episode is carried to its natural completion in love or violence then it ceases to be teasing. Third, is the recognition that teasing is always a repetitive process; there is a series of these uncompleted episodes. These three characteristics of teasing lead logically to the conclusion that there must be in the healthy socialization process a completion of the whole series of episodes, each of which is in itself incomplete. The question, therefore, which Dr. Bateson poses is the nature of this completion. One might assume that in the case of the patient discussed by Dr. Sperling, the socialization process of teasing went awry and that the therapeutic process would be essentially a completion of this unfinished business. This patient's further progress might give an answer to the more general question of completion of the sequences of incomplete episodes.

FALLING ASLEEP DURING THE ANALYTIC HOUR. Sigmund Gabe, M.D.

A case is reported in which falling asleep during the analytic hours constituted a major transference resistance. A forty-year-old married man sought analysis because of an obsessive fear of death which started in the latency period. When the patient was five, his father became seriously ill and almost died; the illness left him crippled. The father died when the patient was seventeen. A short time later a sister and brother-in-law also died. The patient's first analyst, with whom he was in treatment for a year and a half, died in the course of the analysis.

The patient was conscious of a strong ambivalence toward his father. He attributed his hostile feelings to overhearing primal scenes. Toward his mother he felt only hatred and contempt and openly wished for her death. He was an obstinate and defiant child. A favorite stratagem was to feign fatigue and retire to bed to evade tasks and responsibilities. He would then masturbate and fall asleep.

The initial phase was the analysis of a stubborn compulsive defense. A positive transference developed with an intense homosexual conflict followed by regression. He began to fall asleep during analytic hours and to dream. The dreams indicated that the sleep expressed an oral wish to be reunited with the 'good' mother. The patient then began to manifest intense oral envy. He became depressed, plaintive, filled with self-pity and righteous indignation, as he misconstrued and mismanaged all of his interpersonal relationships. It required considerable analysis to resolve this masochistic defense.

The sleep in this case served multiple purposes: it simultaneously warded off homosexual drives and represented a surrender to them; it inhibited the discharge of aggressive impulses but expressed the fantasied destruction and incorporation of the analyst; it represented a death which assuaged the ego's fear of retribution for destructive wishes against love objects. Sleeping during analytic sessions also served to gratify deep oral longings. They constituted a reunion with the mother, a fantasy of oral incorporation, the accompanying dreams depicting the hallucinatory fulfillment of that wish.

Dr. Herbert I. Kupper commented that the patient's attitude in the analysis seems to have been remarkably colored by the primal scene. On one level his argumentativeness, followed by sleep, was a mimicry of this scene; also, his fighting off interpretations was a feminine counterpart of the same situation. The use of denial as a defense dates falling asleep back to an archaic ego state. There seems to be an inadequacy in the essential function of the ego which merely avoids anxiety. It is weakness of the ego rather than the strength of external traumata which determines narcolepsy. Similar partial reactions range from neurotic apathy to catatonic schizophrenia.

TYPES OF BOREDOM AND THEIR DYNAMICS. Emanuel Windholz, M.D.

Otto Fenichel described boredom as a state of tension in which the individual is unable to find a substitute satisfaction for a repressed impulse. To clarify the psychology of boredom we should investigate whether 1, there are specific instinctual drives which are responsible, or 2, there are specific types of repression—superego reactions which create tensions of the type observed in the state of boredom. Psychoanalytic investigation suggests that the oral-sadistic and the genital drives are more related to boredom. The combination of the following attitudes of parents or their substitutes seems to favor later development of boredom: (a) seductive attitudes as a reward for the child's willingness to wait and remain in suspense; (b) helplessness in response to the child's aggression. In the cases observed, these attitudes were responsible for either a temporary or a permanent structure of the superego which deprived the ego of its initiative (right) to find substitute satisfactions for repressed impulses (and objects) and yet protected the ego against depression.

We may distinguish at least three types of boredom: 1, the transient or 'normal' boredom, a reaction to external frustration; 2, boredom as a reaction to specific situations which represent temptation for certain repressed (genital) impulses (boredom, for example, which accompanies such phobias as fear of the dark, of being alone, etc.); 3, the habitual boredom of a character neurosis which seems to be based on oral-sadistic conflicts. It represents in a sense the negative of an acting out.

REVIEW OF THE LITERATURE ON BOREDOM. Hanna Fenichel, Ph.D.

Fenichel¹ discusses many aspects of the psychology of boredom without reaching any definite conclusions. He differentiates quiet from restless states of boredom. In the former 'the cathexes are, so to speak, tonically bound, whereas in the latter the binding is clonic'. The basic impulses against which boredom is a defense seem to be oral-sadistic and narcissistic drives. Bergler's papers² are polemics against Fenichel's concepts. He formulates a triad of

¹ Fenichel, Otto: *Zur Psychologie der Langeweile* (Psychology of Boredom). Imago, XX, 1934.

² Bergler, Edmund: *On the Disease-Entity Boredom ('Alyosis') and Its Psychopathology*. Psychiatric Quarterly, XIX, 1945. Also *Boredom of Anticipation. Pseudo-Boredom*. Samiksa, IV, 1950.

prerequisites for pathological boredom: 1, weak or shattering sublimations; 2, inhibition of voyeurism; 3, defense against masochistic pleasure. Winterstein³ touches upon the problem of boredom mainly in connection with the relation to time in those neurotics where the unconscious and the sexualized meaning of time is important in their psychology. Spitz⁴ connects states of boredom with the effect of the repetitions which act against the development of anxiety in children up to the œdipal age but meet with objections in adults.

BOREDOM IN A CASE OF DEPRESSION. Margaret Stuart, M.D.

A young woman with a history of chronic mild depression over a period of some ten years complained frequently of boredom. This symptom in common with somatically expressed anxiety, agoraphobia, and fear of insanity, was shown to represent withdrawal of cathexis from the outside world, and a focusing of conscious awareness on her own feelings—emotional or physical. Overt expression of 'feeling' in this patient was equated with aggression and with destruction of or by its object. Boredom in a social gathering was a reaction to the fantasy of sexual aggressiveness toward men or of successful competition with other women for masculine attention.

The patient's early history gave evidence of severe disturbance during the initial phases of oral libidinal development. The depression, of which boredom was one aspect, represented a mourning for two important family members who died during her eleventh year. Boredom was an aspect of regression from object relationships to incorporative identifications. Her behavior and attitudes in 'boring' situations was an acquiescence to the dictates of the introjected objects; further, it was observed that, in so far as it was characterized by non-participation in the outer world and an expressed wish to 'feel nothing', boredom represented identification with the deadness of the introjected objects.

APATHETIC AND AGITATED BOREDOM. Ralph R. Greenson, M.D.

This study starts by analyzing those factors responsible for the specific constellation of feelings which characterize boredom. The unpleasurable feeling of emptiness is explained on the basis of a hunger for satisfying stimuli which has as its model the hunger of infancy. The torturous waiting, and the painful slowness of the passage of time, as well as the passive, expectant attitude toward the external world, also seem to be derived from the infant's state of hunger. It is characteristic to have an impoverishment of conscious and preconscious fantasies in states of boredom; instead of fantasies there is a 'full-of-emptiness' sensation. People become bored when specific instinctual aims are repressed. The feeling of boredom takes the place of the distorted derivatives of the repressed usually seen in the neurotic. This self-inflicted deprivation seems to stir up the memory of the infantile deprivation.

³ Winterstein, A.: *Angst vor dem Neuen, Neugier und Langeweile* (Fear of the New, Curiosity and Boredom). Die Ps. Bewegung, II, 1930.

⁴ Spitz, René A.: *Wiederholung, Rhythmus, Langeweile* (Repetition, Rhythm, Boredom). Imago, XXIII, 1937.

It is found that orally fixated persons are more apt to develop chronic and severe boredom. Active oral strivings are replaced by passive oral wishes. Apathetic boredom seems to occur in those individuals who have suffered the most severe traumatic deprivations in earliest childhood. Agitated boredom is apt to be the response to a repressed aggressive wish as it approaches real action.

THE FEELING OF BEING BORING. Norman Reider, M.D.

While the feeling of being bored has a universality with fairly definite dynamic background, this study reveals that a feeling of being boring is not as universal in its meaning. In the first place, some people who feel they are boring to others are actually not so. Second, the aggressive component of being boring to others was found to be not as consistent a feature of the feeling as might be speculated. Frequently the patient's own interpretation of being boring as being hostile is a defense against positive feelings. If one directs the interest in the feeling of being boring to bodily sensations, they often lead to feelings of emptiness, coldness, inadequacy, and generally to a feeling of inability to influence objects in order to obtain necessary narcissistic supplies.

Along with other affects like shame and disgust, the feeling of boredom has a specific quality; but their counterparts, namely, to be ashamed or to be disgusting or to be boring, have a quality which is much more variable and may have multiple meanings.

FROM AND ABOUT FREUD'S LETTERS TO FLIESS. Martin Grotjahn, M.D.

A short introduction describes the historical background of the correspondence between Freud and Fliess, 1887-1902, from Freud's thirty-first to forty-sixth years. No attempt was made to translate or interpret the letters, but to familiarize the analytic reader who does not understand German with the atmosphere and the nature of these letters.

In the summary of the early letters, special attention was given to the one in which the death of Freud's father was announced. Most of the report was devoted to the description of Freud's self-analysis as revealed in these letters.

Erikson discussed his interpretation of Freud's Irma dream (as published in the *Interpretation of Dreams*), now seen in a new light. The importance of continued self-analysis in the training of an analyst was emphasized. The age of the analysand at the time the transference neurosis occurs requires more emphasis than it has heretofore been given.

PSYCHOLOGY FOR NEUROLOGISTS, BY FREUD, 1895. Siegfried Bernfeld, Ph.D.

The collection of Freud's letters addressed to Wilhelm Fliess, which appeared recently in German, contains the fragment of a paper by Freud to which he refers as a 'Psychology for Neurologists'. A brief abstract of this paper is given and the place which it holds in the development of Freud's ideas determined.

This confirms a previous paper by Bernfeld⁵ in which he showed that Freud derived his concept of psychological economy and some of the basic dynamic concepts of psychoanalysis from his studies in brain anatomy and physiology.

Shortly after the writing of this 'Psychology', Freud separated the economic and dynamic concepts from any concrete neurological model and transformed them into the concept 'psychic apparatus'. The relationship of Freud's ideas to the contemporary teachings of Brücke and Meynert on the one hand, and Hughlings Jackson on the other, is sketched.

A new journal, ESTUDIOS PSICOSOMÁTICOS, is being published in Lima, Peru. The first number appeared in August 1950 and contains articles by Angel Garma, Franz Alexander, and others. The director is C. Alberto Seguin, and the editors are Nestor Acevedo, Pablo Anglas, Otto Biaggioni, Ricardo Ibañez, Pedro Leon, Carlos Mendoza, and Leoncio Zapata. Collaborating editors are Angel Garma (Buenos Aires), Pedro Lain Entralgo (Madrid), Bertram D. Lewin (New York), Isidro Mas de Ayala (Montevideo), Raul Gonzalez Enriquez (México), Jose Torres Norry (Buenos Aires), and Lelio Zeno (Rosario).

⁵ Bernfeld, Siegfried: *Freud's Earliest Theories and the School of Helmholtz*. This QUARTERLY, XIII, 1944, pp. 341-362.

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SOME ETIOLOGICAL ASPECTS OF REPRESSION, GUILT AND HOSTILITY

BY ADELAIDE MC F. JOHNSON, M.D., PH.D. (ROCHESTER, MINNESOTA)

It is becoming increasingly clear that our concepts of the relative roles of biological inheritance and the environment in character development have been sharply challenged by the striking observations of collaborative psychiatric therapists working with parent and child and by the provocative findings of the anthropologists. As all are aware, new light has been shed upon the mechanisms operating in the early development of the psychic apparatus, calling for a re-evaluation of certain of these concepts. Collaborative therapy and repeated discussions with Dr. S. A. Szurek provide much of the background for this paper.

The collaborative therapist and the anthropologist may be overly tempted to depreciate the role of biologically inherited patterns of behavior. Contrarily, these factors may be assigned undue emphasis by some psychoanalysts. To such internal drives as primary masochism and sex are ascribed a volcanic intensity which overwhelms the weaker influences of parental attitudes. It goes without saying that both categories of influences determining character development must be assigned their true weight eventually, although a final answer cannot be attained at this time.

There is no intent to review the entire complex of early development, but rather to explore certain facets of the problem. There is need for a re-evaluation of our concepts of 1, repression as a dynamic mechanism in psychic development; 2, the meaning of restitutive behavior in the child; 3, the genesis of hostility in man.

From the Section on Neurology and Psychiatry, Mayo Clinic.

Read at the meeting of the Chicago Psychoanalytic Society, September 27, 1949.

REPRESSION AS AN ADAPTIVE MECHANISM

Let us explore the classical concept that repression is a normal reaction of the infantile ego, as a consequence of what Freud thought were the extreme limitations of the integrative capacities of the young ego. Alexander (1) stated that 'in the last analysis repression is a primitive device of the ego to maintain its integrity'. Anna Freud (2) said, 'the significance of repression is reduced to that of a special method of defense'. This was considered by her and by Freud as one of the psychic processes which served the same purpose: 'the protection of the ego against instinctual demands'. It is freely granted that repression is a necessity in the world of today. Fleeing from an overpowering enemy and fighting another on equal terms are likewise necessities. What more beyond necessity may be truly ascribed to repression?

Anna Freud considered repression as a defense against instincts, in three distinct categories: 1, superego anxiety in the neuroses of adults, related essentially to strictness in the education of the superego; 2, objective anxiety in infantile neurosis, which originates because the infant or little child 'does not combat the instincts of its own accord . . . [but] . . . regards the instincts as dangerous because those who bring the child up have forbidden their gratification . . .'; 3, instinctual anxiety, or an innate dread of the strength of the instincts.

It is difficult to see any genetic distinction between Anna Freud's superego anxiety in the neurosis of adults and her objective anxiety in infantile neurosis except as regards the stage of development during which external influences operate. However, a major issue emerges from her concept of instinctual anxiety. She states, ' . . . the human ego, by its very nature, is never a promising soil for the unhampered gratification of instinct. I mean by this that the ego is friendly to the instincts only so long as it is itself but little differentiated from the id. When it has evolved from the primary to the secondary process, from the pleasure principle to the reality principle, it has

become, as I have already shown, alien territory to the instincts.' Her expression, 'the human ego by its very nature . . .', deserves scrutiny. 'By its very nature' could refer to a phylogenetic entity, a character determined by the gene composition of the germ plasm. It is improbable that Anna Freud entertained this thought since, by definition, the ego, as such, is not inherited except for the basic anatomy and physiology which the ego employs in expressing itself.

What then remains as regards the phrase, 'the human ego by its very nature . . .'? Is it not the logical error of *petitio principii*, begging the question in which a definition which has not been proved is smuggled into the sequence of argument? 'By its very nature . . .' is an arbitrary postulation of what remains to be proved. Apparently Anna Freud assumed that something within the ego itself, independent of outside influences and parental attitudes (and presumably, independent of heredity), is operating. She admitted that the ego of a little child 'regards instincts as dangerous because those who bring the child up have forbidden their gratification'. Here she was on sound ground. Yet in her 'instinctual anxiety' she seemed to think that the very young ego may reject certain id impulses apart from such parental attitudes which have been impressed upon the child. Was she here referring to Freud's (3) original theory of primal repression as 'a first phase of repression which consists in a denial of entry into consciousness to the mental (ideational) presentation of the instinct'? How else can the ego differentiate from the id, and proceed from pleasure principle to reality principle except through impingement of the external and internal environment upon the id?

Let us postulate conditions in which the external necessity for repression is virtually eliminated. Let us imagine an ideal set of parents, utterly without personality distortions, possessed of perfect subtlety, imagination, and warmth. They note at once any mounting tension in the child and immediately provide adequate and generally acceptable forms of gratification. The surplus energy of erotism is channelized in such an understanding manner that there is 'cathexis toward action that is

acceptable as well as some object cathexis'. There is no imposition of the necessity to repress from parental sources. The external figures resolve the emerging tensions in the child, so that they never reach the point of hostile aggression, renunciation or repression.

Granted this ideal external environment, would there not still remain the repressions necessarily resulting from internal drives and impulses of the child, which are beyond the capacity of the ego to integrate?

Repression is said to occur in the infantile ego because id impulses arise which the young ego cannot integrate into an acceptable pattern of behavior. This concept is based on the assumption that, even under ideal conditions of symbiosis between mother and child, the ego is unprepared at times to deal with mobilized id impulses. There is no doubt that in painful organic disease in the infant, the mother, no matter how subtle, can do little to relieve the child; hence there may be great rage and possibly the need for repression. But even if no such internal organic distress occurs, and even if external parental relationships were ideal, it has always been assumed that impulses would arise that are too powerful for the young ego to integrate acceptably.

Alexander (1) said, '... the development of erotic drives does not run a course precisely parallel with the rest of either physical or mental growth; sexual impulses outstrip the rest. This discrepancy is clearly observable in the typical emotional constellation of this age, the *oedipus complex*.' Alexander seemed to indicate that this discrepancy in development is a phylogenetically determined fact. On the other hand, Hartmann et al. (4), Benedek (5), and others no longer conceive of our being born with a reservoir of id impulses. They speak of the birth of an infant with an undifferentiated apparatus, out of which are crystallized or differentiated the ego and the id. With this latter view, many of us today are in agreement. Given no organic distressing disease and a theoretically ideal set of parents, are we still to believe that somehow the ego and id

do develop from the original undifferentiated state at different tempos? If so, this would definitely constitute a negative adaptive reaction, which is indeed rare in biology.

Others have proposed the related concept that the child is driven by powerful impulses to attempt actions for which it lacks the necessary physiological and anatomical equipment. This dilemma mobilizes frustration, humiliation, and rage, and there emerges the need to repress. They refer to the little boy in the oedipal period who has genital impulses (it is maintained) but lacks the necessary physiological development for fulfillment. Hendrick (6) seriously questioned the concept of the growth and development of id impulses to act before the required physiological apparatus has appeared. In discussing the pleasure in mastery, he emphasized the fallacy of seeking to 'define infantile life in terms of adult complexes' and he warned that we must be 'on guard against ascribing to all childhood behavior the emotional intensity which is apparent in the neurotic episodes of the child, and in both the erotic and neurotic tensions of adults. This means that the goal of infantile eroticism is not normally orgasm; it is not normally a compulsive need unless it is associated with anxiety and, therefore, differs dynamically from the adult's.'

Hendrick suggested that when the impulse or need for a function arises, the physiology and structure are ordinarily ready. He cited multiple illustrations in growth. There is no compelling reason to think that the child has a strong impulse to walk or talk at three months. Yet, such an assumption is as defensible as the assumption that the child has a powerful impulse for intercourse at four years. Again, a child of four has no strong urge to drive a car as its father does, unless there is conflict and a compulsive need for competition. Five-year olds who are happy and have companions give no evidence of being frustrated and angry that they cannot play baseball with twelve-year olds. There is no intention to discard the oedipus, but to qualify its content and intensity, to call attention to Hendrick's redefinition of the goal of the heterosexually directed

instinct of the four-year old, and to guard against our adult projections.

In other words, such a view would support the concept that the ego grows with and is integrated with the task which arises, which is not in keeping with the view of Freud, Anna Freud, and Waelder that somehow the ego's whole organization can be overwhelmed because of the strength of the instincts alone. This does not discount the possibility that the capacity of a phylogenetically developed disposition for repression may vary in children. My thesis is only that in the ontogenesis of the individual this adaptive capacity for repression is activated usually by external environmental factors.

It has been stated frequently that deprivation and repression are necessary for individualization and growth. Freud assumed that as long as all needs are gratified, under 'total' indulgence, the infant tends to experience the source of satisfaction as part of the self. Hartmann and his co-authors (4) said, '... partial deprivation thus is probably an essential condition for the infant's ability to distinguish between the self and the object; to the extent to which indulgence prevails, comprehension of the breast as part of the self is dominant; to the extent to which deprivation is experienced, or indulgence delayed, the distinction becomes possible'. (The qualification is added that '... the distinction, however, seems to become impossible unless a certain amount of gratification is allowed for'.) Granted that a degree of frustration is necessary for such basic developmental processes, it does not follow that the deprivation and frustration must be carried to a point necessitating repression. It would seem that a far more confident, colorful, adventurous child would evolve from a smoothly functioning symbiosis between mother and child in which frustration fails to reach the point where energy is dissipated in repression, and self-esteem and confidence are lost. As Alexander has emphasized often, severe deprivation may be a real stimulus to individualization of cultures and societies. However, such group deprivation does not necessarily involve repression in the individual, and does not

make valid the concept that repression is a primary biological factor, or an adaptive mechanism to phylogenetic influences.

Anthropology can shed some light on our problem, even though it cannot provide ultimate answers, because it does not provide personal analyses of individuals in the societies it studies. Kardiner (7) was one of the first analysts in this country to explore more thoroughly the contributions of anthropologists in attempts to delineate more clearly what in behavior is primarily phylogenetic and biological in origin and what is contributed by external pressures.

Kardiner (7) and Linton emphasized that the long period of dependency of the human infant provides a potential advantage, if it is well managed. The loose integration and impressive plasticity of a long infancy afford maximal opportunity for the environment to mold and modify and to become channeled. They found that the influence of each culture studied varies with each type of behavior studied. 'Not all impulses are equally susceptible of control. For example, the impulses generally denoted as sexual and aggressive are much more subject to control than eating impulses. . . . Some problems of adaptation in one culture create few difficulties, while in another they form the main façade.' Anthropologists now describe how one culture may allow the widest sexual freedom between children, including even frottage against the mother; here sexual jealousies are minimal. But the nursing period is stormy. Food is scarce. Consequently, the major jealousies and conflicts in children and adults have to do with food rather than sex.

The only universal sexual taboo described by these investigators is mother-son incest. In general, different cultures display widely varied taboos, and, by the same token, widely differing human impulses subject to repression. There emerges compelling evidence for the importance of external rather than phylogenetic origins of repression. We have held the view that freedom in sexual play with themselves or each other in children would on the whole not decrease the inevitable phylogenetically determined sexual need for the parent. Anthropology so far lends little if any support to this view. Analyses

of individuals in culturally different societies are sorely needed, and might provide crucial evidence on the point in question.

In our own culture, where individual analyses are plentiful, it is virtually impossible to determine whether freedom in autoerotism and sexual play between children diminishes the oedipal conflict because most parents, despite the best intellectual intentions to allow such childish gratifications, are so rooted in taboos as to frustrate the proclivity for such freedom by implied uneasiness. Hartmann and Kris (8), in criticizing Freud's concept of the phylogenetic source of castration fear, pointed out that implicit attitudes and anxiety in significant adults were sufficient to cause an intense fear in the child.

Probably no anthropologist commands greater respect from psychoanalysts than the late Ruth Benedict. Benedict (9) and Mead (10) and their group studied swaddling in certain European cultures. Greenacre and Buxbaum earlier touched on this subject, but without the detailed observations and the clear conclusions of Benedict and Mead. Benedict's and Mead's conclusion was that swaddling could not be relied upon to produce a single set of effects in different cultures: the parental motives for and attitudes toward swaddling were strikingly different in Russia, in Poland, and among Ukrainian Jews.

Benedict pointed out that any investigation of '... comparative cultures must press the investigation to the point where the investigator can describe what is *communicated* by the particular variety of the widespread technique he is studying. Thus, in the case of swaddling, the object of investigation is the kind of communication which in different regions is set up between adults and the child by the procedures and sanctions used. ... In Russia, swaddling is explicitly justified as necessary for the safety of an infant who is regarded as violent and being in danger of "tearing its ears off or breaking its legs".'

The Polish version of swaddling is that '... the infant is regarded not as violent, but as exceedingly fragile. It will break in two without the support given by the bindings. ... Swaddling is conceived as a first step in a long process of "hardening" a child. Hardening is valued in Poland as suffering is valued.

... In peasant villages it is good for a baby to cry without attention to strengthen the lungs; beating is likewise good since it is hardening.'

The swaddling of the Jewish baby in the Ukraine is of still another complexion. 'The baby is swaddled on a soft pillow with loose "bindings", the mother singing as she swaddles it. The stress is on warmth and comfort, and the confinement of the limbs is to be pitied. . . . Poor baby, he lies there nice and warm, but, poor baby, he can't move.' This early warmth will later be contrasted with the hard benches and long hours at school. 'The pillowed warmth of his swaddling period apparently becomes a prototype of what home represents.' The mother 'is starting the baby in a way of life where there is a lack of guilt and aggression in being the active partner'. Of paramount importance, these parental attitudes are communicated to the infant. The Russian infant is imprisoned, the Polish infant is hardened, the Ukrainian Jewish infant is comforted.

In commenting on Benedict's conclusions in her report, Margaret Mead stated, '... whenever any single practice was followed cross-culturally, a confusing number of contradictions were found, such as would have been the result if, to the material which Doctor Benedict presented today, we had applied a simple hypothesis that swaddling could be relied upon to produce a single set of effects. It has become increasingly clear over the last few years that it was necessary to include a variable, loosely described as "*tone of voice*" or the *quality of the interpersonal relationship* within which a given zone or stage of locomotion or mode of behavior was indulged and frustrated. I think that the research of the last six months makes it possible to proceed one step further and to advance the hypothesis that within the general framework of biological development the *significant specific character-forming elements will be those through which the adults attempt to communicate with the child*. This communication need not be an articulate type of "character education" but it is *affect-laden and emphatic*. . . . By examining the system of communication between parent

and child against a theoretical ground plan provided by the body itself, the pattern of family relationships in the society, and the tempo and rhythm of biological growth, we can distinguish those nuances of emphasis.'

Hartmann, Kris and Loewenstein (4) have said, with others, that in restraining an active child the hostile response is greatly reduced when the child is handled by a friendly, imaginative adult; they stated, 'cathexis toward action is transformed into object cathexis'.

In certain long-standing communal groups (for example, one in Korea) aunts, cousins, and other relatives share in caring for the baby. In such children, with many mothers, sibling rivalry is far less a problem than in our society. Whether these children develop a sense of deprivation at the absence of a single mother could best be studied in several successive generations. However, the plausible suggestion is made that a girl with many mothers, later mature and herself a mother, is not required to give to her own baby as much as is demanded in our own society.

Similarly, we observe that demand feedings in infants result in calm, happy babies only if the attitudes communicated by the mothers are happy and calm. It is equally true that fairly early toilet training is compatible with serenity in the child depending upon the mother's attitudes. The view that early interruption of anal-erotic pleasures regardless of the mother's attitudes must lead to tragedy remains to be demonstrated.

Maternal attitudes and behavior may not constitute the infant's initial impact with the external environment. We may not correctly assume that the intense motor activity or immediate irritability of a baby at birth is due to only the two factors— inherited biology or the attitude of the mother in dealing with the baby. Evidence of nervous function other than such structural indications as myelinization is now available. Recent studies by neurophysiologists (11, 12) indicate electric activity of the cortex not only in the newborn but even in utero as early as seven months. There is no switch thrown at birth which causes cortical cells suddenly to begin to function. Loud,

repeated, disturbing noises or cramped positions causing uncomfortable proprioceptive discharges may stimulate cortical activity and adaptation in utero. We may doubt whether intra-uterine life is the Nirvana we have assumed. This returns us again to the view of Rank and more recently of Greenacre (13) with regard to the factors of birth in anxiety. We may venture the hypothesis that perhaps some rudimentary distinctions between id and ego commence even before birth (14).

The point at issue may be formulated: repression is an adaptive mechanism of positive value to the organism, a response to and a defense against pathological change. Even with the most wisely educated parents, classical psychoanalysis views this mechanism as a necessity, since the strength of the id impulses is such that they cannot be integrated. I would suggest that the pathological changes might be essentially external in origin—changes in parental or cultural attitudes which interfere with the normal development of the capacity of the ego to perform its task.

In the classical view, part of the repression might be likened to the collateral circulation which develops in infants and children with coarctation of the aorta, an inborn defect. The view presented here would rather liken repression to antibody development in response to an infection of external origin.

The tendency or *Anlage* for repression develops ontogenetically and is activated essentially by the individual's experience with the external environment. In any case, it would appear that repression represents an adaptation of an ego whose integrative capacity has been burdened by pathological change usually having nothing to do with gene determined sources. It is making the best of what might be worse, at the cost of loss of free emotion and the binding of psychic energy.

IDENTIFICATION AND THE MEANING OF RESTITUTIVE BEHAVIOR IN THE CHILD

In a smoothly operating symbiosis between mother and child, the infant adapts itself to the maternal attitudes and demands

in the most subtle detail, involving a striving for incorporation and identification. 'The root of identification [according to Hartmann and his co-workers (15)] can be traced to those impulses of the id which strive toward incorporation; the psychological mechanism of identification is a correlate of and is built upon the model of this striving.' Somehow, the child very early senses the slightest anxiety or finest shading of mood in the parent. All of the mother's reactions increase or decrease the child's security and, therefore, stir the reaction of the instinct for self-preservation.

In discussing identification in early development as it relates to superego formation, Hartmann and his co-workers (4) stated that the little child, to escape conflicts between love, hate, and guilt, 'does not identify with the parents as they are, but with the idealized parent; i.e., the child purifies their conduct in its mind and the identification proceeds as if they were consistently true to the principles they explicitly profess or aspire to observe'.

I seriously question, as did Szurek (16) and Emch (17), whether there is such a partial identification with the parents, a purification of parental conduct, or an incorporation of part of the parent and a discarding of the remainder. The child early incorporates all aspects of the parent, conscious and unconscious, including moral attitudes and the methods of dealing with everyday realities, with the multiple confusions involved in such incorporation.

In the symbiotic relationship the child must learn to integrate and adjust to all facets of the mother's personality, albeit in adjustment the child often represses quickly those aspects too disturbing for consciousness. Because such components are repressed, however, does not mean that identification is not operating, since identification operates unconsciously as well as consciously. For instance, the fact that the parents' sexuality has been repressed by the child does not indicate an identification with an asexual person. The child in our society quite generally desexualizes the parents and 'purifies' them consciously only as it learns it must; the reality principle prevails.

For our culture this is probably a fortunate and less painful adjustment. Nevertheless, just this necessarily repressed component of the parents makes for an unconscious hostile identification which must be resolved finally in 'normal' adolescence if the child is to achieve such a healthy identification as to permit real independence. Collaborative therapy of the neurotic child and parent provides sound evidence that the child does not 'purify' the parent except consciously; also, in the anti-social acting out of a psychopathic personality or a delinquent, it is common to portray the worst features of the parents' conscious or unconscious impulses.

In the process of total identification, in which the child normally learns to master all facets of the mother's personality, the parent is what may be appropriately called a 'needed object'.

The term 'needed object', as contrasted with the common terms 'love object' or 'bad object', requires elaboration. These adult words, 'love', sentimentalized and idealized, and 'bad', judgmental in tone, lack scientific objectivity. The use of such terms as 'love object' or 'bad object', fraught with adult sentiment and emotion, has little justification in our thinking about dynamics. Rather, we must think in terms of multiple needs requiring satisfaction or frustration by someone. This someone, first the mother, becomes a 'needed object'. Rapaport (18) refers to the 'need-satisfying' object, and Freud stated that 'we do not say of those objects which serve the interests of self-preservation that we love them; rather we emphasize the fact that we need them . . .'. Such a 'needed object' may provide widely varying degrees of satisfaction to the infant. Gitelson (19), discussing character synthesis in adolescents, especially those who hold one at arms' length, spoke not of loving an object or the therapist, but of the dependability of the object or therapist.

Collaborative therapy has revealed that we cannot understand the formation of the ego and restitutive behavior in many children in terms of guilt toward a loving object, with subsequent repression of forbidden impulses. We see many parents who satisfy such minimal custodial needs of the very little child as food, protection from injury, and provision for sleep,

but who have no warmth or love, in the adult sense, to give to the child. Yet the child may comply completely with the parents' demands, develop anxiety, and make frantic efforts toward restitution. Is this a restitution born of guilt toward a 'loving' object? Probably not. Rather, the child makes restitution because it fears the needed object will not fulfil its needs. The child responds to the mother's demands not primarily because of making restitution for guilt, but purely on the basis of the reality principle. This is the only way in which to deal with her. Parental love and warmth are not indispensable ingredients of this process of satisfying the child's primitive needs for food and protection which elicit responses to the mother's demands. This above concept is far removed from the concept of guilt in which 'because she loves me, I must be good and make restitution'. Rather, 'because I need her, I must make restitution or lose the satisfaction of my needs'. It goes without saying that, without consistent parental warmth, an emotionally healthy development of the child is impossible. Yet it must be emphasized that there is no need for love and warmth in the adult sense for the formation of an ego which will react restitutively or which will forbid antisocial behavior.

The word guilt, as used in the past, is meaningless if it is applied to all restitutive behavior. It appears more justifiable to view guilt as a need for punishment in an urge to make reparation to a 'needed' object purely on the basis of the reality principle. To be sure guilt, in the accepted sense of making restitution, arises from parental love and the fear of losing that love. Such guilt is common. But there is less confusion genetically if we think not of a 'love object' but of a 'needed object', which covers the gamut of satisfactions or frustrations provided the child by the significant parent. Thus can we account for the restitutive behavior, fraught with anxiety, inhibition, and masochism, observed in many children with parents who are consistently unloving in the adult sense. To be sure, many such undependable, cold parents display every conscious and unconscious verbal expression of love for the child, and an

immense concern for its welfare. In response, the child incorporates into its ego structure all the modalities of this pseudo love, exaggerated concern, and multiple, confusing inconsistencies in the parental attitudes.

In brief, Szurek's (16) and Johnson's (20) studies of little children and adolescents failed to support Hartmann's view that there is partial identification with the parents, an acceptance of the good elements and a rejection of the bad. Although children may and do repress those parts that may cause them the greater conscious conflict, nevertheless they probably early incorporate the whole parent en masse and then, as time goes on and the child sees confusing facets in the parent, it represses much of this which merely simulates idealization and purification. Children may be masochistic, with an intense need for punishment precisely because they learn that only by suffering may they make sufficient restitution to regain some lost sense of security in relation to the provider of basic minimal needs.

GENESIS OF HOSTILITY

This concept of total identification with the mother leads to a better understanding of the origin of hostility in the infant and child. If hostility is not essentially a primal sadism projected from masochism, how does this effect arise? It is said that frustration 'causes aggression'. It seems certain that aggressiveness is part of the biological apparatus of the newborn. But it is imperative to differentiate this from hostile aggressiveness, a distinction many fail to make. In the newborn baby, hunger gives rise to ineffectual skeletal, motor and autonomic discharges with crying, kicking, and flushing. The mother, if she is consciously or unconsciously ambivalent toward the baby, may see in this stormy display a hostile aggression. Unwittingly, she meets this hostility-by-interpretation with her own genuine hostility. The child's growing need for incorporation leads to introjection of the total attitude of the mother, including her hostility. There is no more compelling reason to assume that

hostility is primary and phylogenetic than there is to assume that love originates thus. We should probably regard hostility as introjected, as we tend to do in the case of love. To be sure, such introjection probably does not begin until the infant has made the distinction between itself and the mother.

The incorporation of the ambivalent object leads to increased tension in the child and an augmentation of its demands, to be followed, in turn, by further estrangement and alienation of the mother as she observes the child's behavior. In the average family such alienation may be of moderate intensity, while in other families it may become a mounting, vicious spiral of mutual ambivalence. The prototype of hostility and love, then, is learned, but in one's growth becomes increasingly self-produced. The child and adolescent develop to hate just as they develop to love.

SUMMARY AND CONCLUSIONS

Repression is rather more in the nature of an adaptation to the impingement of external pathological change upon the developing ego than an adjustment to phylogenetically determined imbalances or changes in development. Although repression provides a useful means for coping with pathological change, the extent to which repression occurs is one index of the degree of departure from good health.

Restitutive behavior in the child seeks to preserve the source of gratification of primary needs by a 'needed object', rather than seeking to appease a 'loving object' with a view to preserving the love. Our concept of the meaning of guilt should be expanded to the more inclusive view that guilt is a need for punishment in an urge to make reparation to a 'needed object', rather than limiting the meaning to the common situation in which restitutive behavior arises from parental love and the child's fear of losing it.

Hostile aggressiveness, as distinguished from biologically inherited aggressiveness, originates in the course of the infant's incorporation of the total maternal attitude, which includes the mother's own hostility.

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ANXIETY AND ORGASM

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The subject of this study is such anxiety, panic, or other painful stimulus which is accompanied by genital sensuality, often ending in spontaneous or masturbatory orgasm, in males, with ejaculation. This symptom is well known, occurring either in dreams or in waking life. The patients describe the orgasm as caused or stimulated by painful threats, as fear of failure in examinations or at public performances; fear of missing trains, of not being able to finish tasks, of not being able to get ready; in dreams or tasks of drudgery, threats of being arrested, of being punished; dreams and fantasies (including the fantasy that a child is being beaten) in which one is brought to trial or sentenced to death. In not all patients were these threats accompanied by genital excitation, and in those patients in which they were, it did not always happen. In the course of this investigation it was realized that, when in such situations the sensual wave or orgasm did not appear, it could have, but the patient was able to suppress it. In all instances it was established that there was present in some form a repressed sensual drive that became activated either by sexual frustration or by some sexual stimulus which, through association, became connected with repressed sexuality; furthermore, in many cases, a guilty sexual desire was entertained, or a desire was present for masturbation with a perverse fantasy. The repressed object was found to be always an incestuous one.

An eleven-year-old boy experienced his first seminal emission when for the first time he pulled the trigger of a rifle. A boy

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of thirteen first ejaculated while climbing a tree with the fantasy that he was Tarzan. A man of twenty was driving his car at an excessive speed when he noticed that a police car was pursuing him. His anxiety mounted as the distance between him and the policeman diminished. When the policeman reached him, he had a seminal discharge without erection. Another man, about thirty years of age, had had for many years masturbatory fantasies of beating or of being beaten. In a dream he found himself in prison, sentenced to death for a crime unknown to him. In prison attire, chained, he was taken to the gallows on which he was to be hanged. At the peak of his anxiety he had an orgasm.¹ With or without orgasm, the dreamer awakes with the feeling of relief described by Freud in connection with examination dreams: 'It was just a dream'. Whenever it occurred, orgasm served to provide the feeling of relief.

Since Freud's classical study, *A Child Is Being Beaten*, many analytic contributions² to the literature have been made to the problem of masochism, and have contributed to our understanding of this well-known and common masturbatory fantasy. It is a masochistic fantasy of punishment accompanied by anxiety, the latter not being strongly felt because the intent is pleasurable, which pleasure is felt immediately when the process starts, or even before. The anxiety, however, is there.

Freud writes that '. . . intensive affective processes, even excitements of a terrifying nature, encroach upon sexuality. . . . In the school child, fear of a coming examination or exertion expended in the solution of a difficult school task, can become significant for a breaking through of sexual manifestations. . . . Under such excitements a sensation often occurs which impels him to touch the genitals, or it may lead to a pollutionlike

¹ The prison dream is similar to the powerful novel by Franz Kafka, *The Trial*. In the 1950 volume of *Imago* there is a profound study of Kafka by Helmuth Kaiser to which no reference has been found by the writer in the many recently written books on Kafka.

² Ludwig Eidelberg, Bernhard Berliner, Otto Fenichel, Theodor Reik, Wilhelm Reich, Fritz Winnicott, Alfred Winterstein, Edmund Bergler, Melissa Schneiderberg, Rudolph M. Loewenstein, Géza Róheim, Richard Smith, Margaret Mahler, Heinz Hartmann—the writer is sorry if he may have omitted any.

process. . . .'³ This statement was in accordance with Freud's first belief that libido was directly convertible into anxiety, and Ferenczi thought that this process is reversible.⁴

Freud was not satisfied with this description leaving unexplained, as it does, a process about which he concludes only that ' . . . such a situation would then contain the main roots of the sado-masochistic impulse . . .'.⁵ Later, Freud recognizes that a 'painful mood' can become the carrier of wishful impulses; and he says that such moods can become ' . . . the motive force of the dream, inasmuch as they awake energetic wishes, which the dream has to fulfil. The material is elaborated until it is serviceable for the expression of the wish fulfilment. The more intense and the more dominating the element of the painful mood of the dream thoughts, the most surely will the most strongly suppressed wish impulses take advantage of the opportunity to secure presentation.'⁶

Following Freud's leads, the seminal emission of the eleven-year-old boy is tentatively interpreted as a transformation of

³ Freud: *Three Contributions to the Theory of Sex*. In: *The Basic Writings of Sigmund Freud*. Trans. and edited, with an introduction by Dr. A. A. Brill. New York: The Modern Library, 1938, p. 601.

⁴ 'It seems that imposed preparatory task faced in solitude, represents a state of temptation. It activates unpleasure in two ways: 1, the task at hand does not promise completion with satisfaction; 2, boredom makes the individual aware of the upsurging libidinal and aggressive cravings because of his increased bodily awareness. In this situation, adolescents particularly, often succumb to compulsive masturbation.' Mahler, Margaret: *Bulletin of the Amer. Psa. Assn.*, VI, No. 2, May 1950, pp. 34-35.

Heinz Hartmann speaks of sexualization of the external danger. Cf. *Bulletin of the Amer. Psa. Assn.*, V, No. 3, Sept. 1949, p. 72.

'With children, anxiety can awaken, apart from painful sensations, a peculiar, tense pleasure feeling. Anticipation leads to such excitations; fright, confusion over something unexpected or missed may become sources of sexual excitation. Concentration of the attention upon an intellectual accomplishment of any kind is at times connected with sexual pleasure feelings. Many school children thus experience sexual pleasure sensations, or at a corresponding maturity, real pollutions [seminal discharge] during school work or in examinations.' Sterba, Richard: *Introduction to the Psychoanalytic Theory of the Libido*. New York: Nervous and Mental Disease Monograph Series, No. 68, 1942, p. 56.

⁵ Freud: *Three Contributions to the Theory of Sex*. *Loc. cit.*, pp. 601-602.

⁶ Freud: *The Interpretation of Dreams*. In: *The Basic Writings of Sigmund Freud*. *Loc. cit.*

the nonlibidinal excitement, furnished him by first discharging a rifle, into the gratification of another, a repressed libidinal tension. The boy who fantasies himself as Tarzan, is transforming the physical exertion of climbing for the same purpose. The man who is threatened by the policeman, and the man who dreams that he is sentenced and executed, both achieve a gratification they cannot satisfy with an appropriately pleasurable mood. They have to employ a devious vehicle for this purpose.⁷

In his clinical papers, Freud described the complicated mental processes which precede orgasmic gratification, and expressed his metaphysical conception of masochism.⁸ Later psychoanalytic investigations clearly reveal that the problem is not satisfactorily explained. There are important contributory factors which play a role in this phenomenon. That there is a genital, orgasmic drive preceding and following the anxiety is clearly described by Fenichel: 'It is a familiar fact that in the normal sexual process the excitement tension which precedes the release of tension is itself pleasurable, probably in connection with an anticipation in fantasy of the subsequent end-pleasure. If someone in whom sexual excitation always turns into anxiety nevertheless arrives eventually at a relative release of tension, and if this experience impresses itself on him, he may well come at last to feel the anxiety itself as a forepleasure and to approve of it as the only door open to him that leads to a relative end-pleasure.'⁹

It is guilt that converts sexual excitement into anxiety. But, then, how is orgasm possible despite anxiety? Why, moreover, without anxiety can there be no orgasm? Does the punishment

⁷ Rado, Sandor: *Pain-Dependent Sexual Behavior*. An abstract: Seventh Conference Talk, Institute of Living, February 21, 1950. Digest of Neurology and Psychiatry, Series No. XVIII, April 1950, p. 220.

Alexander, Franz: *The Evolution and Present Trends of Psychoanalysis*. Actualités scientifiques et industrielles, 1100 congrès international de psychiatrie Paris 1950, Vol. V, p. 16. E. Hermann & Cie., Editeurs.

⁸ Freud: *A Child Is Being Beaten*. Coll. Papers, II; and *The Economic Problem in Masochism*. Coll. Papers, II.

⁹ Fenichel, Otto: *Der Begriff 'Trauma' in der heutigen psychoanalytischen Neurosenlehre*. Int. Ztschr. f. Psa., XXIII, 1937.

pacify the superego and permit the orgasmic gratification? ¹⁰ It cannot be so since anxiety is still present; only when all the factors—guilt, punishment, anxiety—are present is orgasm achieved.

The writer has found that the sequence anxiety-punishment-orgasm is the replica of an infantile situation in which the child fantasied (or felt) that the punishing parent was using the corporal and mental punishment (on him or on others) instead of caressing him or making love to him—whether in a genital or pregenital form being irrelevant as far as our problem is concerned. The orgasmic drive in a threatening situation is then transferred in toto to any other situation similar to the infantile one. In a rarely quoted footnote Freud says, 'The content of the sexual life of infancy consists in autoerotic activity on the part of the dominant sexual components, in traces of object love, and in the formation of that complex which deserves to be called *the nuclear complex of the neurosis*. It is the complex which comprises the child's earliest impulses, alike tender and hostile, toward its parents and brothers and sisters, after its curiosity has been awakened. . . .'¹¹ And Fenichel observes: 'The childhood history of cases of this kind shows that usually the parents forced the patients to sexualize the idea of punishment by blocking all other outlets of sexual impulses'.¹² Freud almost solves our problem when he writes that ' . . . even punishment dreams are wish fulfilments, but they do not fulfil the wishes of the instinctual impulses, but those of the critical, censoring and punishing function of the mind. If we are faced with a pure punishment dream, a simple mental operation will enable us to reinstate the wish dream to which the punishment dream was the proper rejoinder; on account of this repudiation the punishment dream has appeared

¹⁰ Róheim, Géza: *The Œdipus Complex, Magic and Culture*. In: *Psychoanalysis and the Social Sciences, Vol. II*. New York: International Universities Press, 1950, p. 219.

¹¹ Freud: *A Case of Obsessional Neurosis*. Coll. Papers, III, p. 345. fn.

¹² Fenichel, Otto: *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., Inc., 1945, p. 501.

in place of the wish dream as the manifest one.' ¹³ Does Freud mean that the latent wish is the punishment, but in the manifest dream content only the punishment appears and not the wish for punishment? ¹⁴ Or does he mean that the manifest punishment dream replaces an instinctual libidinal wish? According to the first interpretation, the gratification is love of the object by the superego. But the love of the superego for the object cannot be a sensual one. It is a tender love which does not lead to orgasm, as in the 'compulsion to confess' the aim is to remove the distance created by the secrecy and establish a smooth flow of love. ¹⁵ It enables the subject to cling to the love object.

The writer believes that the second interpretation of Freud's statement is the correct one: that the wish is a sensual one and the manifest punishment replaces the latent sensual wish. The ego in such dreams and similar situations in waking life behaves *as if* it wished and accepted punishment, but during the process is more or less aware of the sensual impulse and the orgastic aims, perceiving the tension between itself and the superego not only as a painful stimulus, but as a sensual one also. It is similar to the psychic economy of wit in which the ego reacts 'as if'. ¹⁶ While the real tension is sensual, the libido is not transformed into anxiety; both coexist. The ego in connivance with the id is ostensibly threatened by the superego, but the discharge of tension is sensual, pleasurable.

Masochism does not invalidate the pleasure principle. The writer shares with Fenichel the opinion that self-destruction is not actually 'beyond the pleasure principle', but that 'it represents an undesired consequence of something desired'. ¹⁷

¹³ Freud: *New Introductory Lectures on Psychoanalysis*. Chapter I: Revision of the Theory of Dreams. New York: W. W. Norton & Co., Inc., 1933, p. 38.

¹⁴ Franz Alexander has stated that self-punishment is a superego wish: *Träume mit peinlicher Inhalt*. Int. Ztschr. f. Ps., XVI, 1930, pp. 343-348.

¹⁵ Hermann, I.: *Die Psychoanalyse als Methode*. Vienna: Int. Ps. Verlag, 1934.

¹⁶ Feldmann, Sandor: *Supplement to Freud's Theory of Wit*. Ps. Rev., XXVIII, 1941, pp. 201-217.

¹⁷ Fenichel, Otto: *The Psychoanalytic Theory of Neurosis*. Loc. cit., p. 364.

One of the writer's patients would jump into ice-cold water which caused him to ejaculate. The orgasm occurred not because of, but despite the punishment, discomfort, or the anxiety which accompanied it. There may well be in such instances a need for punishment but not a desire for it. There is nowadays too much talk about the ego and the superego and too little about the id. Ego and superego can do nothing without yielding to some extent to the demands of the id for gratification.

In the masturbatory fantasy that a child is being beaten the anxiety is either perceptible or it is concealed behind the idea of punishment. In early development the anxiety had been an appropriate reaction to a forbidden sensual drive, but it does not appear conspicuously in the later beating fantasy, the original painful situation having been converted into a playful one.¹⁸ Except in borderline states, sado-masochistic fantasies are usually playful. The patients would be repelled by the opportunity to act them out.¹⁹ When the fantasy includes a partner, both are represented as knowing that the activity is playful. Witnessing the beating of another person may be a stimulus to masturbation, the sensual stimulus being not the punishment but an original infantile association of sensuality with anxiety. Both are repressed, and the playful punishment in fantasy serves the purpose of making it appear as if the punishment contained in the current sado-masochistic fantasy were the cause of anxiety which really is attached to the infantile incestuous gratification.

Freud discovered that the child who is being beaten represents the penis or the clitoris.²⁰ The process begins when the child has had pleasurable masturbatory experiences, and, with the development of object relationships, the child would like the parents to touch its genitals. Fearful of revealing this aim, it is achieved indirectly, among other ways, by the fantasy of

¹⁸ Loewenstein, Rudolph M.: *L'Origine du Masochisme et la théorie des pulsions*. *Revue Française de Psychanalyse*, X, No. 2, 1938, pp. 293-321.

¹⁹ *Ibid.*

²⁰ Freud: *Some Psychological Consequences of the Anatomical Distinction Between the Sexes*. *Coll. Papers*, V.

being beaten. Naturally, the child seeks not punishment but pleasure. The punishment, therefore, is made a playful one. The latent anxiety in the playful fantasy is perceived by only one part of the ego; by the other part it is felt as a sensual, genital tension. Anxiety and punishment are artifices to conceal the original desire that one of the parents should touch the genitals. The regressive sado-masochism is hypocritical,²¹ the individual being at least partially aware what he seeks is genital pleasure. Freud's observation that the fantasy usually occurs in persons who have seldom or never been beaten is confirmed by many writers. The guilt and anxiety for enjoying the spanking of others is for the reason that the scene is associated with the specific pleasurable aim of having the genitals touched. Instead, it was the buttocks that were patted, rubbed in fondling, or slapped in punishment. A patient, who was tremendously stimulated by the sight or by the fantasy of being beaten, sought sexual gratification with much older women by lying between the woman's legs with his penis directed toward her genitals and approximated through her spanking his buttocks. Of the many variations of the beating fantasy—sadistic, masochistic, heterosexual, homosexual, sodomitical, homicidal—the common feature of concealing the primarily pleasurable goal by a predominance in consciousness of anxiety, and other painful affects, remains.

In discussing the 'inversion of affect' in the service of dream censorship, Freud establishes a class of dreams which he characterizes as hypocritical, because not the wish but 'in its stead only its suppression and abasement has reached the dream content'. In the same place, Freud considers the examination, anxiety dream as similar to these disagreeable dreams.²² This attitude of the ego is not identical with Vaihinger's philo-

²¹ In the discussion of this paper, Rudolph M. Loewenstein suggested for 'hypocritical' substituting 'make-believe', or 'game'; he made the same suggestion in his paper, *L'Origine du Masochisme et la théorie des pulsions*. *Loc. cit.* Sandor Lorand suggested the influence of the primal scene in which orgasmic excitement and fear are fused. Camille Kereszturi Cayley believes that spontaneous orgasm during states of anxiety may be considered as an effective or ineffective mechanism serving to relieve anxiety.

²² Freud: *The Interpretation of Dreams*. *Op. cit.*, pp. 443-447.

sophical conception of the As-If.²³ It is, however, of interest in this connection to quote H. T. Wolf's summary of Vaihinger's concept: 'Our mind is so constituted that it cannot solve many problems by direct approach. We can, however, reach a solution by using as devices fictitious concepts even though they may be contradictory in themselves. The essential requisite of the mental operations is that these contradictory devices be eliminated after the object of research is reached. The principle of the As-If is the indispensable basis for the understanding of higher calculus, economics, and religion.'²⁴

Hypocritical attitudes become observable when children begin to understand wit and jokes.²⁵ They are forced on children by their environment; furthermore, hypocrisy is supported by libidinal development between the phallic and genital phases: both sexes behave as if everybody, males and females, has a penis. Later, when the males are forced to accept castration, they behave as if they were castrated when they are not, and girls behave as if they were not castrated, while they, so to speak, are. Thumb-sucking is an oral forerunner of this hypocritical stage in which the child lives in the illusion that the thumb is the breast.²⁶ He is indeed a 'sucker'.

In the course of his investigations the writer has found additional interpretations of the typical dreams of examinations and of missing trains—both connected with anxiety—to those commonly recorded.

THE TYPICAL EXAMINATION DREAM

Freud²⁷ described the general characteristics of the typical examination dream. The dreamer is in school and failed in an

²³ Vaihinger, Hans: *The Philosophy of As-If*. New York: Harcourt, Brace & Co., 1935; also Rogers, Raymond: *A Note on Vaihinger*. Etc., *A Review of General Semantics*, Summer 1950, pp. 287-290.

²⁴ Wolf, H. T.: New York Times, Nov. 7, 1943, Section E, page 11.

The writer was stimulated to the postulation of an as-if state by Freud's discussion of the Wolf-man's castration complex. In a different way I. Hermann arrived at the recognition of an as-if state in his paper: *Zur Triebbesetzung von Ich und Über-Ich*. *Int. Ztschr. f. Ps.*, XXV, 1940, p. 137.

²⁵ Ferenczi, Sándor: *Ten Letters to Freud*. *Int. J. Ps.*, XXX, 1949, p. 243.

²⁶ Hermann, I.: Personal communication.

²⁷ Freud: *The Interpretation of Dreams*. *Op. cit.*

examination which he once passed in real life. He is awakened by the mounting anxiety, and is relieved that 'it was just a dream'. Freud stated his interpretation of such dreams is 'by no means exhaustive',²⁸ and added that 'a deeper understanding of such dreams has to be accumulated from a considerable number of examples'.²⁹ Freud found these dreams to be caused by 1, 'ineradicable memories of punishments we suffered as children for misdeeds which we have committed'; 2, 'if we think that we have done something carelessly'; 3, when the dreamer is seeking reassurance in anticipation of a difficult task; 4, 'W. Stekel, who was the first to interpret the "matriculation dream", maintains that this dream invariably refers to sexual experiences and sexual maturity. This has frequently been confirmed in my experience';³⁰ 5, punishment or censure for sexual misdeeds; 6, 'you are already so old, so far advanced in life, and yet you still commit such follies, are guilty of such childish behavior . . . the reproaches . . . relate to repetitions of reprehensible sexual acts'.³¹

The writer has observed that all examination dreams do not include failure in a subject which the dreamer in reality once passed. The main feature of these dreams is the tremendous tension of frustration and anxiety at the peak of which the

²⁸ *Ibid.*, p. 317.

²⁹ *Ibid.*, p. 335.

³⁰ In support of this statement, compare Dr. D. E.: *Zur sexuellen Deutung des Prüfungstraumes*. Int. Ztschr. f. Psa., V, 1919, pp. 300-301: 'I am expecting that my sweetheart will come to me on Monday. On Sunday I am in a bad mood, completely unable to work and in a depressive mood that is more than usual. I dream that night that I have forgotten to take my last examination to graduate from high school. (In fact, in a lower class, I had forgotten to attend school on one of the days of an examination, and had therefore, a week later, to make this up and passed it excellently.) I have to return to high school in order to be able to take the examination. On the staircase (a symbol of sexual intercourse) I meet my professor who asks my name. I answer, "Dr. N. N. I have forgotten to take my graduation examination". "Is that so?" he says in a somewhat respectful voice. "Then you are attending school for no good reason. The graduation examination this year doesn't take place in the high school, but in the women's camp." Analyzed, the dream was interpreted: "You are trying in vain to sublimate your libido completely in work. You cannot get rid of your neurosis by going to school forever, but by going to the women's camp (house of prostitution)."'

³¹ Freud: *The Interpretation of Dreams*. Op. cit.

dreamer not infrequently awakens with an orgasm. To go back to school in examination dreams means to go back to a specific sensual drive which once was gratified or frustrated. Whether or not the dream includes erotic excitement, the writer considers all examination dreams, similar dreams and similar situations, as attempts to discharge forbidden incestuous genital drives, the painful affect serving as a defense behind which the libidinal drive may progress to gratification.

The feeling after awakening that 'it was just a dream', that 'it is not true', is overdetermined and expresses still another meaning: 'the dream is not a punishment for failing in an examination; the truth is that I want to bring to gratification a forbidden sensual drive'. That the dream is frequently of examination in a subject which one once passed tends to confirm that it is a more or less successful disguise for the gratification of an erotic drive.

Stekel believed that the examiner in the dream is the father or God (The Last Judgment), and that if the subject of the examination were Latin or Greek ('old subjects'), it referred to the period of infancy; if mathematics ('Ma-ma'), it referred to incest or to financial irregularities; if the subject were physics or biology, it referred to lust; if history, to the life history of the dreamer.

Flugel³² compares the candidates in ancient initiation rites with those taking modern examinations: both are 'heroes who have to solve a riddle'. Sutherland³³ found that the causes which unconsciously motivated the failures were unconscious aggressive attitudes toward a parent, need for punishment, fear of assuming adult responsibility, punishment for prohibited sexual impulses. Sutherland, too, believes that there is some parallel between initiation rites and examinations. Flugel and

³² Flugel, J. C.: *The Examination as Initiation Rite and Anxiety Situation*. Int. J. Psa., XX, 1939, pp. 275-286, from an abstract by Otto Fenichel in This QUARTERLY, XI, 1942, p. 135.

³³ Sutherland, J. D.: *Three Cases of Anxiety and Failure in Examinations*. British J. of Med. Psychology, XIX, 1941, pp. 73-81, from an abstract by Milton H. Erickson in This QUARTERLY, XII, 1943, p. 305.

Sutherland are right in that the patient strives to overcome opposition to a forbidden sexual drive. Without, however, a hidden forepleasure with an anticipated end-pleasure (Fenichel), the dreamer would not conjure up the danger inherent in the initiation rite or in the examination. The gravest danger can be challenged in the dream when the reward is the consummation of the forbidden, incestuous wish.

Stengel³⁴ believes that the fear is closely related to initiation rites. The examination is an argument with the father.³⁵ The tendency to fail is self-punishment, akin to masochism, for reasons of guilt. There is repressed exhibitionism (especially in women) when the examination is witnessed by others—a variation of stage fright. Stengel states that, in reality, fear is mainly present before the examination and fades away during the examination. This, in the writer's opinion, is evidence that the anxious situation of being examined is utilized for another purpose.

Liss³⁶ gives a good clinical description of the anxiety: gastrointestinal, genitourinary, respiratory disturbances, cardiovascular symptoms, partial or complete blocking. He found sadism, masochism, exhibitionism in his patients, with guilt as an outstanding feature. He states that '... learning is a perpetual attempt at sublimation of the individual's erotic desires, knowledge is a substitute for body interest'. One still needs an explanation for the fact that sadism, masochism, etc., can be stimuli for orgasm. That the superego may be bribed by punishment does not completely solve the problem.

Laforge,³⁷ investigating the meaning of anxiety in dreams

³⁴ Stengel, Erwin: *Prüfungsangst und Prüfungsneurose*. Ztschr. f. psa. Pädagogik, X, 1936, pp. 300-320.

³⁵ Rudolph M. Loewenstein pointed out the important role of the oedipus complex in the masochistic perversion. Cf. *L'Origine du Masochisme et la théorie des pulsions*. Loc. cit.

According to Bertram D. Lewin (discussion), in examination dreams the father is an important factor.

³⁶ Liss, Edward: *Examination Anxiety*. Amer. J. of Orthopsychiatry, XIV, 1944, pp. 345-348.

³⁷ Laforge, René: *On Erotization of Anxiety*. Int. J. Psa., XI, 1930, pp. 312-321.

ending with orgasm, speculates whether anxiety may not be a substitute for a normal orgasm. The anxiety is not only 'a reaction to danger', but in a whole series of cases we 'have to do with an artificial anxiety which stands in the service of erotic gratification . . .'. Laforgue goes on, 'This theatre [Grand Guignol] seems to me to afford the strongest proof of the erotization of anxiety, and the crowds that frequent it warrant us in asserting that many persons find anxiety equivalent to orgasm . . .'. The same is true of ghost stories. The French word '*affoler*' means both to cause anxiety and to excite sensually; '*tu m'affoles*' means 'you arouse me to the point of orgasm'. Laforgue probably does not think that the anxiety is artificial in a literary sense. The anxiety felt, as such, is real; but the ego permits the anxiety to come to the fore because it is the lesser of two evils. It is the intricate way in which the ego is able to serve two masters (Freud) when in a plight.

Marie Bonaparte³⁸ published the story of Wohlluter, a famous lion hunter whom she visited in South Africa thirty-eight years after he had been attacked by a lion. Gravely wounded, he was dragged a considerable distance by the lion and dropped near a tree. With his only remaining weapon, a sheath knife, Wohlluter killed the lion. He managed to climb a tree and tie himself to it in order not to fall should he faint from loss of blood. Immediately following his rescue, and with decreasing frequency through the succeeding years, the horrible experience was re-enacted in his dreams. In not one of these dreams did Wohlluter succeed in killing the lion. Without being in a position to obtain details of Wohlluter's life, who was then sixty-six years old, Bonaparte concluded: 'We may assume that in each circumstance of life where Wohlluter may have doubted his own capacities, the recurrent dream came to reassure him, as do all examination dreams. "See, it is only a dream that you missed the lion. In reality you killed it."' In the writer's opinion, Wohlluter's anxious dreams conceal a sexual anxiety which the nearly fatal encounter with the lion

³⁸ Bonaparte, Marie: *A Lion Hunter's Dream*. This QUARTERLY, XVI, 1947, pp. 1-10.

reactivated, and which Wohlhuter could never resolve. The invincible lion as well as other predatory animals included in the dreams are, Bonaparte states, unmistakable 'unconscious incarnations of a phallic father'.

It appears to the patients that the orgasmic stimulus comes from the anxiety, but during treatment patients become gradually aware that the sensual wave starts before the anxiety develops; moreover, they are driven deeper and deeper into the painful situation for the pleasure premium they will obtain from this peculiar psychic adventure. The operation of this defense mechanism is the displacement of anxiety from a deeply repressed, prohibited sensual drive to an actual or potential danger experienced in reality which mounts to the intensity of a panic. Distracted by the paramount danger, the ego is unable to repress the ever present sensual drive which is discharged in orgasm.

CLINICAL EXAMPLES

A professor dreams:

I have to give my usual lecture to the students and have the feeling that I am not prepared, and I have only half an hour to prepare myself. But this is not sufficient. I feel fear and a violent anxiety that I will disgrace myself. I awake.

This patient is paralyzed with anxiety whenever he has to assert himself. He is sexually attracted to boys. The 'nuclear complex of his neurosis' (Freud) is infantile fear of castration because of incestuous feelings. Homosexual tendencies have failed as a defense against anxiety. The anxiety is displaced to other situations.

A lawyer dreamed:

I was in my room, but I should have been by this time at the place where I was to take my examination for the bar. It was late. I was looking for writing paper and fountain pen. I tried out the pen. It was distressing to realize that instead of ink there was a yellowish material in the pen. Would it work? I was already twenty-five minutes late. I tried to write

with the pen. One could see the writing but it was not distinct. My sister was in the room, being somehow involved in the whole matter. At some part of the dream I had a seminal discharge. I awoke. Maybe my sister was in the dream at the beginning and not at the end.

In his early childhood the patient had engaged in exhibitionistic play with his sister.

A twenty-four-year-old virgin is intensely anxious whenever her mother leaves the house. She has long had a masturbatory fantasy in which she is punishing her mother by giving her an enema. In the fantasy her mother does not know that the patient is sexually excited, nor that she has an orgasm. It proves that what her mother must not know is her incestuous desires for the father. This is distorted in consciousness by making the mother guilty. She relates a dream:

I was in school having a test in mathematics. I looked at the blackboard but didn't know anything that was written on it. I was afraid. The teacher placed a basket on the blackboard with the opening to the board. At the bottom there was a drawing and we were supposed to place the figure in the most suitable position at the top. I did not know what the teacher was driving at. Desperately I was asking somebody, fighting against time. I knew that I had failed.³⁹ I got out of the class. I did not know what the next schedule was and couldn't remember to what class I had to go. I was bewildered as to when my next period was.⁴⁰ I was in a state of anxiety and thought I should go to the nurse. Then I was in the study hall. Again the test came up, but I didn't know at what the teacher was driving. She said that she was going to call on someone to give us a rhyme. She picked a neat and bright girl who was first taken aback, collected herself, went into the middle aisle and made up a rhyme. She knew how to

³⁹ That the failure does not take place in the dream is characteristic of most examination dreams.

⁴⁰ Having indulged in sexual foreplay with a boy, she was often frightened by her irregular menstrual periods.

do it. I was afraid that I, too, should have to make up a rhyme and that I wouldn't be able to do it.

This patient is afraid of examinations and, it happens, she was at the time uncertain to what class to go. She pretends that she is girlishly innocent. She is afraid that if she reveals she knows (about sex), her mother 'will walk out on me'.

STAGE FRIGHT AND KINDRED SITUATIONS

The writer includes in this group any public performance; also, having to write one's signature in public, eating in a restaurant, sexual intercourse when the partner is expecting it, etc. Spitz⁴¹ has concluded that stage fright is fear of punishment for acting out the primal scene in public. To this may be added the orgasmic stimulus contained in the primal scene which the person with stage fright unconsciously seeks to gratify. Behind the fright and the anxiety is lurking the orgasmic drive. The latter and the anxiety, so to speak, complement each other. In accordance with the metapsychological conceptions of Freud, the writer believes that ego, superego, and id processes are always interrelated.

CLINICAL EXAMPLES

A young woman with a beautiful operatic voice was unable to sing except in the presence of her teacher. She was especially anxious when a member of her family was present. She fell into the hands of a psychiatrist who declared that her trouble could be cured if she would lose her virginity, and offered himself as a lover. She agreed and fell in love with him. After two weeks he abruptly discharged her. She was crushed and her symptoms increased.

When she was sixteen, her father once came home drunk, got into bed with her, and made sexual overtures. She made

⁴¹ Spitz, René A.: Private communication on stage fright re *Sidelights on Stage Fright and Kindred Phenomena* which he read in 1930 before the New York Psychoanalytic Society.

no protest because, she says, she wanted to save him from the realization of what he was doing. He was always running after girls. She spied on him and once saw him enter a hotel of ill repute with one of her girl friends.

In analysis the patient dreamed she was in a brothel, wearing a nightgown, and singing beautifully, accompanied by a pianist. Her singing had such a sensual effect that men, even from far-away streets, were drawn to it and came in. It became transparent that she wanted to seduce her father. Her anxiety was not only a signal of the danger of such a desire, but the threat of the orgasmic energy lurking behind the anxiety.

A married woman suffered from a tremor of her hand whenever in a social gathering she reached to raise a glass. After spilling a few drops on the tablecloth, she was free of the symptom for the rest of that evening (frequently a characteristic of such anxieties). She disclosed in analysis a habitual technique of masturbation from early childhood. When urinating, she would alternately stop and release the flow of urine by the pressure of a finger and, playing with the stream of urine, have an orgasm. She was always afraid she would be detected through wetting the seat and the floor. The tremor was a symbolic expression of her masturbatory desire, a compulsion to confess, but it was also acting out an exhibitionistic fantasy of masturbation. And just as after an orgasm there is a relaxation due to gratification, the anxiety was temporarily dispelled when this patient wet the tablecloth. 'A gratification demoted to a substitute is a symptom', says Freud. The symptom is not only a substitute when it is a prelude to orgasmic gratification.

An amateur actress, waiting for her cue to appear on-stage, got into a panic accompanied by intense erotic feeling. She masturbated by rubbing her thighs together, had an orgasm, and played her role without anxiety. The feeling described is of being trapped; that one is helpless. Another woman who was frigid in intercourse, was sexually aroused when trapped

or helpless as, for example, when her small son was once preparing to jump from a height and she could do nothing but watch and see what would happen.

The feeling of being trapped or of being helpless is characteristic of the last stage of the orgasmic process.⁴² In sexual intercourse or masturbation, it is possible to exercise control up to a point beyond which control is impossible. It is this stage which such patients seek to bring about through a consciously nonsexual but unconsciously identical stimulus. In the unconscious of women and passive homosexual men, the overwhelming threat replaces the overwhelming father as a sensual stimulus. Guilt, anxiety, painful indecision represent the incestuous object to whom one yearns and fears to submit.

DREAMS OF MISSING A TRAIN

According to Freud,⁴³ the examination dream and the dream of missing trains (both are typical) have the same affective character: 'On account of their similar affective character, the dreams of missing a train deserve to be ranked with the examination dreams; moreover, their interpretation justifies this approximation. They are consolation dreams, directed against another anxiety perceived in dreams—the fear of death. "To depart" is one of the most frequent and one of the most readily established of death symbols. The dream therefore says consolingly: "Reassure yourself, you are not going to die (to depart)", just as the examination dream calms us by saying: "Don't be afraid; this time, too, nothing will happen to you". The difficulty in understanding both kinds of dreams is due to the fact that the anxiety is attached precisely to the expression of consolation.'

We have no evidence that those who have reason to fear death due to sickness, or that soldiers who are about to engage in battle have such dreams; on the contrary, this typical dream occurs in individuals who are not specifically concerned about

⁴² Reich, Wilhelm: *Die Funktion des Orgasmus*. Leipzig, Vienna, Zurich: Int. Psa. Verlag, 1927, p. 22.

⁴³ Freud: *The Interpretation of Dreams*. *Op. cit.*, pp. 386–387.

death. The outstanding feature of this dream, as in the examination dreams, is the struggle to board a train which is never reached. The dreamer is thwarted by one obstacle after another; he is fighting with time, has only a few minutes, the anxiety mounts and the dreamer awakens. As in the examination dream, the conflict always centers around a deeply repressed incestuous genital drive, or a derivative of it, which is displaced to a nonsexual situation in the service of the defenses of the ego.

It is true, of course, that the anxiety felt by the ego is caused by the conflict between the id and superego, and that the anxiety is a fear of castration (for example, fear of death). When the defense against the id fails in similar situations in waking life, the anxiety is in many instances accompanied by an impulse to masturbate and, occasionally, by spontaneous orgasm. The erotic drive asserts itself despite the anxiety. The anxiety, one suspects, serves also as a means of bribing the superego. In this sense, the ego may be said to invite the anxiety so that in the panic and confusion the illicit wish may be gratified.

CLINICAL EXAMPLES

A young lawyer, always a brilliant student, entered analysis because of complete impotence with women. He had erectile potency with strong erotic sensations only when he exhibited his penis or entertained fantasies during masturbation. In early childhood he had played exhibitionistic games with his sister; furthermore, his mother bathed him until he was twelve, took him in her lap and dried him, including his genitals. He had great difficulty in suppressing erection, fearing that if he failed his mother would not love him and would discontinue bathing him.

He had frequent typical dreams of failing in examinations and of missing trains.

I am back in school at my present age. The other boys in the class are young children. It is expected that I, naturally, should know more than they do, but I don't even know as much. I awaken with anxiety.

To entertain his incestuous genital desires toward mother and sister, he had to pretend that he did not know what was happening. He was fearful that he might be discovered and punished.

A married woman had a morbid fear of being left alone. It proved in analysis that when she was alone she became sexually aroused and either masturbated or had a spontaneous orgasm with much more gratification than she could achieve in coitus. To achieve orgasm during sexual intercourse, she had to fantasy being punished.

While shopping she invariably became anxious, and attributed this to the fear that she might miss the bus. She was anxious whenever she had to make a decision, became confused and afraid that she might make the wrong decision. The common denominator was the feeling that *she might miss something better*, and when pursuing this something better, she might be found to be wrong, become guilty and anxious. Whenever she became panicky she felt compelled to masturbate, or if she could not she had a spontaneous orgasm. In the course of the analysis she realized that the sensual wave had already started at the beginning of the whole process; she knew how it would end, and permitted herself to be driven into the panic of confusion, guilt, punishment, anxiety. The fear that she would miss something better was analyzed through her fantasy during intercourse: 'What I experience with my husband is good, but there is something better—father'. Her father was a strongly sensual man who flirted conspicuously, and even 'played' with the patient's pretty girl friends but forbade her to associate with boys. 'The childhood history of cases of this kind shows that usually the parents forced the patients to sexualize the idea of punishment by blocking all the outlets for expression of sexual impulses.'⁴⁴

Although it had never happened, a young woman, a writer, was afraid she would vomit in public places or when alone

⁴⁴ Fenichel, Otto: *The Psychoanalytic Theory of Neurosis*. *Op. cit.*, p. 501.

with somebody in a room and be disgraced. In her writing she could not 'let herself go', fearful that she would 'overstep good taste' and embarrass others. Earlier in her life she had had a similar fear of fainting. She felt much easier when close to an exit because there 'was a way out'. In college she had had exaggerated fears of examinations. She had recurrently the typical dream of missing a train, being unable to reach her destination, and awakening with the feeling of relief that it was just a dream. This patient was not analyzed but is included because the presenting symptoms are so typical.

Freud found that '... when a sensation of inhibition ... is accompanied by anxiety, the dream must be concerned with a volition which was at one time capable of arousing libido; there must be a sexual impulse'.⁴⁵ 'The peculiar character of emission dreams permits us directly to unmask certain sexual symbols already recognized as typical, but nevertheless violently disputed, and it also convinces us that many an apparently innocent dream situation is merely the symbolic prelude to a crudely sexual scene. This, however, finds *direct* representation, as a rule, only in the comparatively infrequent emission dreams, while it often turns into an anxiety dream which likewise leads to waking.'⁴⁶

CONCLUSION

Is genital libido converted into anxiety (Freud's first theory of anxiety), i.e., does the pent-up libido overwhelm the ego causing anxiety, or is anxiety a danger signal (Freud's second theory of anxiety) to the ego (via superego) when threatened with invasion by the libido, or is it both?⁴⁷ The writer's observations lead him to believe that the ego in its struggle between the id and the superego sometimes utilizes anxiety as a partial defense, permitting the discharge of an orgasmic drive from the id. It is, in other words, a hypocritical *as-if* state in which

⁴⁵ Freud: *The Interpretation of Dreams*. *Op. cit.*, p. 360.

⁴⁶ *Ibid.*, p. 396.

⁴⁷ Waelder, Robert: *Das Prinzip der mehrfachen Funktion*. *Int. Ztschr. f. Psa.*, XVI, 1930, pp. 285-300.

the ego perceives anxiety on one level and lust on another. Thus orgasm and anxiety may be energetically identical but phenomenologically different, dynamically the same but economically not—another form of the multiple function of the mental apparatus.

Illustrative phenomena viewed from this angle have yielded more readily to therapy. For example, in resolving sado-masochism, especially when the fantasy of being beaten is prominent, one does not always succeed in finding one's way out from the maze of pregenital object relationships. And if one does, it is not sufficient. The process of working through is more effective when the as-if state is taken into consideration. The writer does not believe that following the path he suggests will alone shorten the therapeutic process.

Frustration of mature genital drives does not seem to lead to anxiety. It may appear so because the ability to withstand frustration differs in different individuals. A regressive process takes place which stirs up antagonistic pregenital and genital drives. The greater the frustration and the stronger the fixation, the quicker will be the regression. The ego utilizes all the defenses at its disposal, including the as-if attitude. In addition to unfolding the past, tracing the vicissitudes of the various libidinal drives, removing resistances, we must take into account the as-if state, in order to free the energies of the repressed drives for mature object relationships.

CHILDHOOD ATTITUDES TOWARD FLATULENCE AND THEIR POSSIBLE RELATION TO ADULT CHARACTER

BY BRUCE R. MERRILL, M.D. (SAN FRANCISCO)

When Freud delineated the anal character (*r*), he said, 'One ought to consider whether other types of character do not also show a connection with the excitability of particular erotogenic zones'. This paper concerns itself with the same zone, but a different mode of excitation. The clinical material at my disposal is inadequate for the establishment of a 'personality type', but there is a similarity of childhood developmental patterns and adult character traits in the small group of cases presented. Furthermore, while he believes that the concept of 'character types' serves a useful purpose in scientific communication between colleagues, the author has never had the experience of finding a clinical example of one in pure form. If this paper serves to stimulate the presentation of further observations on this somewhat neglected topic,¹ the author will be content.

Although stubbornness, pedantry, parsimony, sadism, and obsessive compulsive features are observed in these patients, their outstanding character traits seem to set them apart from the 'anal type' as described by Freud; they bear little resemblance to the 'saccharine' personality which is a reaction-formation to this; and they seem also to be set apart from the 'give-and-give-to-get-affection' personality which has been described as occurring in the diarrheas. An admixture of oral character traits was present in each of them.

Read before the San Francisco Psychoanalytic Society, November 14, 1949.

¹ The word 'flatulence' does not appear in the index to Fenichel's *The Psychoanalytic Theory of Neurosis*. Melanie Klein discusses the topic only in a footnote. The author has been able to find only three brief papers in which flatulence is the central theme (2, 3, 4). Ernest Jones, in *The Madonna's Conception Through the Ear* (19), presented a comprehensive and scholarly account of some of the sublimations of this function in adults and in some of our cultural patterns, but he did not discuss arrogance, boastfulness, or fraudulence.

The first illustration achieved considerable notoriety in college because of the stertorous roar which regularly accompanied his frequent public passage of flatus, and because of his frequent public demonstrations that flatus is inflammable. Despite a high I.Q. his grades were poor, and he had to extend his college education an extra year. He then only succeeded in getting his degree by virtue of adroit political maneuvering. He had a decidedly arrogant and boastful manner, which no one ever dared to question for fear of becoming the object of his merciless, sarcastic, and often filthy wit. He was talkative and usually 'the life of the party' to those whom he did not attack. His impulsiveness was in part responsible for his not being successful in formal extracurricular activities. Yet he was widely known, and admitted to nearly every honor society which did not require scholastic achievement; this was partly due to his fame as the organizer of a 'barber-shop quartet' but was perhaps as much due to his unending fund of dirty stories. He made a sharp distinction between 'nice' and other girls, and after graduation from college developed a brief depression when his 'nice' girl refused to marry him. After he recovered he continued his ostentatious affairs with women of easy virtue until he developed an alcoholic psychosis, requiring hospitalization four years later. Now in his early forties, he remains a bachelor. The son of a prominent engineer and financier, with influential contacts in the business world, he makes his living by taking people for rides in noisy speedboats.

The second example was described by a patient who arrived for his appointment in an unusual state of tension and irritability. His immediate superior was leaving on a field trip. This meant that for two months he would have to work under X. Usually adept at handling the people with whom he worked, in this instance he felt a complete lack of confidence. He knew that he would have to have extensive contacts with this man, yet he could do nothing but avoid him for fear of losing his temper and making a fool of himself. He then launched into a tirade about the man: 'He seems to think that the more noise he makes, the more important he is. He's never around

without letting you know about it. He's always boasting, but he never gets his work done. When he enters a room, everyone says, "Oh, oh; watch out, here comes X again". He's always telling about his prowess with women, but he's separated from his second wife right now. He really is the most offensive person I've ever known, but he seems to get his way with every one important even though they don't really like him. I guess they're scared of his temper.' When I said, 'Why did you omit any discussion of the way he breaks wind?' the patient confirmed the fact that this man did break wind frequently and ostentatiously, and then became extremely suspicious of me, accusing me of having some secret source of information about his friends.

A third example is a man who cultivated flatulence as an art. He had developed the ability to swallow large amounts of air, pass it through his intestines in a matter of a few minutes, and then expel it anally at will. On one occasion he stood on the front lawn of a fraternity house and passed flatus, thereby wakening every occupant of a third-floor sleeping porch. An adroit conversationalist, accomplished wit, and better than average musician, he had many male friends, and had achieved such notoriety that many people knew of him who had never met him. This notoriety was not the result of any worthwhile accomplishments. He had the means and the intelligence for higher education, but he never succeeded in meeting the requirements for college entrance. He was interested only in sexually promiscuous, socially inferior women.

A thirty-nine-year-old man presented himself for treatment because of depression since his second wife divorced him. One of her complaints had been that he often would break wind in bed and then gather the covers tightly around her neck to keep her from smelling it; but her chief reason for divorcing him was that he had alienated most of their friends by periodic outbursts of rage in which he would insult every one present because he felt they were 'sponging' on him, although he consciously recognized that he could never feel at ease with any one unless he had spent money on him. This man had secured and held, for five

years, a job requiring a specialized college degree. He had never finished high school, and had once started, but not completed, a correspondence course. He succeeded in getting the job by virtue of a combination of deception and persuasion. While on an assignment to a foreign country during the war, the foreign country requested his return because of his frequent breaches of security. He had to talk about his confidential work, he said, in order to convince people of his importance. On another occasion during the war he had been opposed, on a technical point, by the administrative officers of his own company and a board composed of admirals and generals. He nearly lost his job, but he 'made such a stink about it' that finally all opposition dissolved. In treatment he would spend hours berating himself for his boastfulness and arrogance.

During his first attack of anxiety in the course of treatment, he suddenly noticed an odor while he was sitting in a moving picture theater. He realized that it was subjective, and he began to fear that he was 'going crazy'. He had great difficulty describing the odor to me, stating that it was not a fecal odor. After half an hour of fruitless attempts to remember any similar odor, I suggested, 'Would it be anything like the odor of milk, or a woman's breast?' 'Yes!' he said, 'That's it exactly'. But we got no closer to an explanation of the phenomenon for a long time.

He had a few vague impressions of happiness during the first year of his life. At this time the family consisted of the mother and father, and a sister two years older. From all his accounts, the sister seems to have shown little sibling rivalry and to have lavished a great deal of attention on the patient. She died when the patient was a year old. He can only remember a feeling of perplexity at her funeral and a vague, lost feeling afterwards. His memories of the second year of life, from the time of her death until the birth of a younger brother, consisted only of an image of himself feeling empty and reaching up toward his mother's breasts. His feelings about the brother's birth were evidenced in his accidental referral to the event as his mother's 'remarriage'.

He felt that he never had any happiness at home from that time. Until he was six, however, he did find a certain amount of companionship with a boy of his age. He remembered frequently going into a vacant lot with him for the purpose of defecating. Then his family moved to a new neighborhood where all the children teased him, at which he would burst into tears and run to his mother. On one such occasion, an uncle admonished him to go back and 'beat them up'. As he ran out the door he experienced a tingling up and down his spine which he regularly experienced before each of his numerous subsequent fights; also the first time he kissed a girl. He soon became the leader of the gang by beating any one who challenged his authority, and held this position until he left town in his teens.

One day, when he was eleven, he administered the customary initiation to a newcomer in the neighborhood. As the boy ran screaming into his house, his older sister came out and administered such a tongue-lashing to the patient that, for once, he began to question the rightness of his ways. Shortly thereafter his family began to employ this girl as a baby-sitter. Although she was only a year older than the patient, he felt her to be the authority in the house at such times. He developed a secret 'crush' on her which lasted for a year. One day he felt he had sufficient courage to approach her directly and walked over to where she was playing hopscotch with some other children. Suddenly he found that he had passed gas, and he was frozen with fear of what she would say. But she passed the matter off in the neighborhood vernacular, saying, 'Hm, I smell gardenias', and from then on the romance flourished.

One Monday the patient said he had been to a party the preceding Saturday night. Most of the people were strangers and he felt embarrassed at first, especially when the hostess' father was in the room. 'But after he left, people started telling dirty stories and I felt more at ease. Of course, when they do that, I always have to tell one to top them all. The one I told was about the farm boy who had been away at college and then came back and wanted to modernize the farm. He succeeded in getting his father to put in several improvements but,

even though he tried repeatedly, he couldn't get his father to install modern plumbing to replace the outhouse. Finally he decided to take matters into his own hands, so he planted in the outhouse a charge of dynamite with a long fuse. One midnight he lit the fuse and started to run back to the house. Just then he saw his father heading for the outhouse. His father sat down just as the dynamite went off. The son rushed up to him to ask him if he was all right, and the father answered, "Yes, I'm all right; and it's lucky that I didn't let that one go in the house!"

The story was met with an embarrassed silence during which he felt terribly tense and guilty. After a few minutes, however, he relaxed somewhat, and started to dance with the hostess. He found his attention focusing on her large breasts; then he suddenly passed gas. He felt the same apprehension he had felt in the similar episode in his childhood, but again he was relieved to find that the event seemed to have passed unnoticed. His associations to this episode led him back to childhood bathroom scenes. His father used to read as he sat on the toilet, remaining in the bathroom for very long periods of time. The patient often entered the bathroom when his father was there and 'the odor would nearly overcome' him. He also remembered sitting on the toilet himself once when his father was in the bathroom, looking at his father's huge belly and thinking that it must be full of very foul-smelling feces. He doubted that he would ever be able to be like that. (One of his complaints when he came for treatment was obesity.) When specifically asked about his mother's flatulence, he said she often passed gas while she was working in the kitchen, but he seemed to have little affect connected with the memory.

During analysis the patient repeatedly became involved in explosive arguments at work which culminated in three or four-hour conferences during which he would expound his technical differences of opinion with the rest of the staff. On these occasions he always needlessly offended his opponents, in spite of a strong conscious desire to work things out in a friendly manner. Throughout treatment, he complained about

his inability to get advancement in his work, yet whenever it was suggested that he spend time studying, he became incensed, reacting to the suggestions that there was anything for him to study as a narcissistic wound.

By misrepresenting his economic status, he succeeded in getting the analyst to allow him to sign notes for part of his bill each month. At last he confessed that not only had he been giving the analyst notes, but he had also been borrowing money from his company to furnish his apartment more luxuriously, and on this particular day he had ordered a hundred-dollar suit of clothes to be made to order. When I said I thought that it was unfair of him to buy hundred-dollar suits when he owed me money, he became furious and walked out of the office. He came back once wearing his new suit which was a duplicate of one the analyst had just bought.

Another patient was not as blatant about his flatulence as were the others, but was nevertheless proud of it, and used to boast to friends that he could play tunes with his anus. This patient presented himself for analysis because of his inability to get along with his wife, or any other woman. His personality characteristics, as they were revealed in the analysis, were quite similar to the preceding three cases. He had difficulty with studies despite a high I.Q. He had a ribald, hostile, ever-ready sense of humor, which nearly always involved some unfortunate scapegoat. He was unable to match his boasts with accomplishments. He frequently got into trouble because of impulsive outbursts of aggression. Prior to analysis, the only real satisfaction that life afforded him was a 'bull session' with other men, and one of his chief dissatisfactions with his wife was her lack of conversational ability. Like the other patients he had a bribable superego.

At the age of three he had suffered severe oral traumata from a nurse who habitually threatened to put a hose down his throat and pour food into him if he did not eat. Constipation began at this time. Between the ages of five and seven he was considerably overindulged, given special foods at all hours of the day and allowed to smoke if he wished, etc. When he

was seven his father acquired a mistress. His mother reacted to this by becoming irritable and less indulgent. The patient became apathetic and listless and was taken to a pediatrician who believed the symptoms might be due to sluggish bowels, and ordered gastrointestinal x-rays. This required that his mother withhold food from him for thirty-six hours. He recalls no real happiness with her from that time. He turned his attentions to a gentle, alcoholic manservant who taught him the 'facts of life'. After learning from the servant that his mother and father had intercourse, his repudiation of his mother was nearly complete.

One day he complained to this man about aching and rumblings in his stomach and was told: 'You sap, all you need to do is blow wind'. Until that time he had always felt that such a thing was 'not done', except by bad people. He tried it then and there and was delighted with the sense of power it brought. He began to notice that, in the privacy of their bedrooms, mother and father also blew wind, and very loudly. He began to save his flatus in order to display his prowess to the servant, in a spirit of masculine identification. He reported in analysis that it gave him a tremendous sense of power when he learned that he could blow wind without soiling his pants. One day he shocked the chauffeur into saying: 'My God! You'll shit in your pants!' He calmly replied, 'Oh, no I won't', with the feeling that he now had really become a man. He learned to use this weapon to shock his nursemaids when they displeased him. One nursemaid he disliked particularly. He would wait until she was leaning down to lace his shoes and then blow wind. He now repeated this pattern with his wife. When he was particularly displeased with her, he would, in his sleep, move his buttocks as close as he could to her face and vent flatus. He also noticed that he became particularly flatulent when his wife's conversation bored him.

Prior to adolescence this patient had only one close friend of his age. The two of them were uninterested in sports, except as spectators. The greater part of their years together was spent in making model airplanes; these were always flown to the

accompaniment of a roaring noise, ostensibly in imitation of the plane's motor. The patient's favorite plane was named the 'Odora', and much of their conversation about airplanes consisted of veiled allusions to anal topics.

This patient had a sharply divided feminine ideal which seemed traceable to a failure to resolve his childhood concept of feces as a phallus.

DISCUSSION

All the examples given are men. I have seen a woman who had acute anxiety on her wedding night because of her fear that she would expel flatus during intercourse. This proved to be an expression of her complete rejection of sexual penetration. Berkeley-Hill (2) reported a similar case. While the case material presented is totally inadequate for statistical evaluation, I do not feel that the sex difference is insignificant. The concern that women have about genital odors is attested by their use of perfume (5, 7) and their exploitation by vendors of preparations for 'feminine hygiene'. It would seem that women when not alone customarily pass flatus silently. Lorand (3) considers flatulence the prerogative of the father. A similar view was expressed by Ferenczi (4), but he did not confine it to the father, stating, 'The license referred to [by patients who have an urge to expel flatus on the couch] represents all the prerogatives which parents arrogate to themselves, but strictly deny to their children'.

Lorand's restriction of this prerogative to the father finds corroboration in the last two cases in which flatulence seemed to be an immature and ritualistic compensation for inadequate identification with the father in other spheres of psychosexual development. This inadequate identification with the father is also reflected in their attitudes toward women, and their lack of concrete achievement in work. Adequate data for evaluation of the fathers' personalities were not available in two cases. The fathers of the other three were all hard-driving, awe-inspiring, successful business executives. In our changing economy, the sons could have little hope of outdoing the financial

successes of these fathers. The developmental origins of satisfaction through achievement have been traced to the anal stage by Abraham (6). Menninger (8) has also discussed the relationship between the act of evacuation and the enjoyment of achievement. This combination of lack of achievement and compensation for it in the form of being a 'blow-bag' was present in all the cases.

It will be noticed that each of the examples presented had a divided feminine ideal. This stemmed from the usual sources. First, a homosexual defense against castration anxiety by a partial acceptance of castration and erotization of the anus as an organ for seducing father. The passive partner in the sexual act must, by identification, be someone with a dirty anus. Second, an element derived from the denial of the mother's faithlessness: 'It cannot be that mother does it with father instead of me. I don't believe she does it at all. Good women don't and bad women do.' Third, residuals from the infantile stage of cloacal confusion. Fourth, a need to deny the possibility of castration: 'It isn't so that women have no penis. Any hole is an anal hole like mine.'

Each of the cases presented exhibited a ribald, sadistic wit and a tendency to use unusually foul language, which was true of the case described by Lorand (3). A similar case was described by Abraham (9). Wit itself, Freud pointed out (10), is a sudden overwhelming of the superego. This, of course, is the very essence of flatulence. The effort involved in maintaining sphincter control, at the behest of the superego, is suddenly relinquished, but no serious damage is done. The pants are not soiled to an extent associated with the threat of discovery and punishment, and the odor is not particularly offensive to the person who has passed the gas. The subject has been able to regress to a less socialized level of development without fear of punishment. The relationship of swearing, the emission of a sudden aggression-laden charge of gas, to early infantile experiences with flatus has been discussed by others (8, 21). Abraham pointed out that some patients equate all free association with flatulence, and he described the case referred to above (9) as

follows: ' . . . his sole method of dealing with his external and internal difficulties was to swear violently. These expressions of affect were accompanied by very significant behavior. Instead of thinking about the success of his work, he used to ponder over the question of what would happen to his curses—whether they reached God or the devil, and what was the fate of sound waves in general.'

It is noteworthy that the first two individuals described were better than average musicians. The next two patients made repeatedly unsuccessful attempts to acquire a musical skill, and the last became a fairly successful orator and propagandizer. The relationship between flatulence and musical ability has been commented on by Ernest Jones (12, 13), Menninger (8), Ferenczi (14), and Coriat (20). In the first and third cases, this seemed to be a factor in their notoriety, yet the other had become equally well known to large numbers of people without any commensurate musical ability. Their open abuse of unpopular causes and persons, their wit, and their ability to coin catch phrases undoubtedly contributed to their popularity; but it is the author's belief that some more fundamental cause for the widespread extent of their reputations must be sought. Freud (15), Brill (7), and others (5) have delineated the fundamental importance of the sense of smell in the emotional life of man and the important transformation of this function due to the assumption of the erect posture. It is as though these people appealed in the most direct and primitive manner to the feelings of those about them—as if the people could 'smell' them when they were not even in sight.

Impulsiveness and the demanding nature of these people seem, on first consideration, to be a surprising admixture in such anal personalities. It is a clinical fact that these oral characteristics and evidences of inadequate resolution of early oral conflicts are present, and an effort must be made to explain them. A fragment from the life of a child helps to understand this. This infant did not seem to become consciously aware of pass-

ing gas until the age of four months. His first reactions to this awareness were a mixture of surprise and fear whenever this happened. On one occasion he cried. This continued for two months, until he learned to imitate the sound with his mouth. This then became his favorite 'joke' and soon thereafter he began to laugh when he passed gas per rectum. Toilet training was not forced upon him, his parents waiting for him to imitate adults in this regard. This he began to do at about sixteen months. During his early failures, he again went through a period of very frequent 'Bronx-cheering'. On an anal level he could not yet master himself, but orally he could.

Another fragment from a patient illustrates the same point. The woman patient mentioned above had presented herself for treatment in tears, talking baby-talk, and complaining that 'It is so hard to be grown up'. Whenever she was faced with the threat of becoming hostile, she retreated into this sort of behavior, and indulged in playing the role of a coddled baby. Actually, she was an extremely large, muscular, professional woman, who felt that her husband should do the housework and cooking because he was so much better at it than she was. This 'defense-in-sweet-infancy' turned out to be a reaction-formation to murderous impulses arising from envy of her older brother's penis. As we discussed this one day, she told of times when she competed with her older brothers by looking up sesquipedalian words and then using them in a family gathering with malapropian results. Although she had seen quite clearly the unconscious significance of these associations in the early part of the hour, toward the end of the hour she became more and more defensive about considering the long words as phallic equivalents. The next day she started the hour by reporting a dream:

I came to your office to get a hypodermic injection. I was infatuated with you and felt quite sure that you reciprocated the feeling. But then I found out you didn't, and all you wanted was to have me blow glass. So I blew a sort of glass abstraction of a man. ^a

Her first association was of deleting the 'l' from the word 'glass'. She then recalled the acute anxiety of her wedding night that she might expel flatus during intercourse. The dream seems to say, 'When I used big words as a child, I was competing with my brothers and my father by blowing gas. I come to you to be made into a woman, but then you make me take the initiative for free associations, which to me are gaseous abstractions, and it's the same old masculine identification.'

Jones (16), in a discussion of the magical gestures of children, says: 'Among these signals, sounds accompanying anal activities play a part second only in significance to the voice itself, so that they constitute one of the chief means through which the infant retains its belief in its omnipotence'. This admixture of oral and anal elements becomes less surprising if we consider it in the light of Simmel's (17) derivation of aggressive drives from gastrointestinal activity and his reminder that the anus and mouth are psychologically as well as anatomically only two ends of the same tube. A fundamental concept of Erikson (18) is also useful in explaining this oral-anal admixture. He has pointed out that in the consideration of the genesis of any complex we should consider not only the point of initial fixation of psychosexual development but the point of final arrest of the development as well.

Unfortunately, the patients studied yielded insufficient infantile material to explain adequately the oral fixation of these patients. There is some evidence of an 'all-or-none' attitude with which they seem to have reacted to the conflicts of bowel training: 'If the anal sphincter is completely controlled, that is good; if not, that is bad'. Apparently they learned only with difficulty that there is an 'in-between area' where one may expel gas harmlessly under the proper circumstances. Later, the tendency was to develop a counterphobic exhibitionism about their flatulence. This attitude of 'either it is black or it is white' was further evidenced by the difficulty that two patients who sought treatment had in understanding the existence of opposites in

the unconscious, the overdetermination of their symptoms, and the structure of various defenses and resistances. This same attitude seems to have had a good deal to do with their divided ego ideal, their arrest in the phallic stage, and their failure to achieve genitality.

SUMMARY

The meaning of flatulence and some possible psychological derivatives of this biological function in a small group of similar personalities have been discussed. These men had achieved inadequate father identifications and at this level their flatulence represented an attempt to achieve this. Their anal development was also stunted, and they exhibited an inadequate enjoyment of achievement. Their disrupted oral development was evidenced by impulsiveness and inadequate superego development.

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THE CONCEPT OF DEFENSE

BY GEORGE GERÖ, M.D. (NEW YORK)

The term *Abwehr*, or defense, made its first appearance in the early writings of Freud (1), where it was characterized as an intentional process or wish to forget (*vergessen wollen*). Since then it has acquired a considerably different meaning, for the new experiences that came from the psychoanalytic study of the neuroses demanded a more fitting descriptive and dynamic conception. Today, the conception of defense is extremely complex. It refers to a set of unconscious activities of the ego which partake of all the puzzling qualities of unconscious processes, and which occur without any intentional effort.

The present essay will investigate the concept of defense from the point of view of ego psychology, especially as applied to analytic technique. Defense will therefore be considered in the main as a phenomenon that is seen during the process of analysis. In this context, defense is defined as all those processes which operate toward maintaining a neurotic equilibrium, whether by opposition to an instinctual drive, by counteracting anxiety, or by avoidance of painful emotion.

To clarify the idea of defense, it is helpful to consider certain dualisms in psychoanalysis of which there are several, among others bisexuality, paired component impulses like sadism and masochism, and the active-passive dichotomy. In all these examples there are forces which act simultaneously but in opposite directions. A duality of this type may therefore easily be confused with a defensive process. Early in human development, in infancy, or at any age in the id, such dual strivings co-exist. Although they operate in opposite directions, there is no necessary implication that they are mutually antagonistic, or that one must assume between them a relationship of 'one against the other'.

Often in clinical discussions such a relationship is implied. The statement is made that a patient forces himself to engage

in heterosexual activity as a defense against homosexual temptation; or that a female patient has sadistic fantasies as a defense against masochistic longings. We must therefore distinguish between two possibilities: 1, that a pair of instincts dualistically strive in opposite directions simultaneously—that sadism and masochism, for example, are both called into action together; 2, that one of the pair counteracts the other. The question arises: how may we distinguish between these two situations?

During an analysis certain observations enable us to make this distinction. For example, if a female patient is believed to have sadistic fantasies as a defense against masochistic wishes, we may consider that this makes good sense if analysis repeatedly shows that 1, the masochistic longings are more deeply repressed than the sadistic fantasies; 2, their approach to consciousness causes more anxiety; 3, under circumstances when the material indicates that masochistic longings should emerge, we constantly find in their place, and as a response to them, sadistic fantasies. This describes schematically the characteristics of a process that cannot always be observed in so clear and simple a form. However, a dynamic relationship of this type is the essential feature of a defensive process; criteria such as these do decide whether an instinct is or is not really being used as a defense against another one. Nevertheless, since we know that an instinct's true purpose is gratification only, it may be confusing to say of an instinctual force that it may be used for defensive purposes.

Indeed, by themselves and alone, instincts cannot be defensive processes. This is possible only through an interference of the ego. Only the ego can play off one instinct against another, and only if the ego is able to accept one drive more easily than another is there the possibility of a preference created by the ego's interference.

A descriptive criterion that serves to test the presence of a defense is release from tension. To take a simple example, a woman in analysis complained of a mounting, unpleasant tension, and the associative material showed that anxieties connected with masturbation were being stirred up. Suddenly she

relaxed, curled up on the couch like a small child, and her voice took on a childish quality as she expressed a longing to be loved and protected by the analyst. The shift from dangerous, anxiety-laden yearnings and fantasies to an idyllic oral fantasy released her from tension. In general, I believe it is true of all successful defensive maneuvers during analysis that they bring about a disappearance of tension.

So far our first attempt to clarify the concept of defense has yielded the following: defensive processes are discernible in the analytic situation when the activation of given drives or unconscious fantasies with great regularity brings about ego attitudes and ego activities that release tension and diminish anxiety or superego pressure.

The next very important point, from a technical point of view, may be illustrated by a male patient who reported a dream that expressed passive anal transference wishes. The passive attitude was the most important feature of his character and, among other functions, served as a defense in warding off aggressive impulses. But the same attitude, that is, its libidinal nucleus of passive, erotic, anal wishes relating to the father, was also warded off, so that the patient had to use new and other defensive measures against his passive feminine wishes. This simple example demonstrates that the defenses are stratified, and that at any time during analysis a variety of defenses are at work.

We may approach the problem somewhat differently by considering the defense mechanisms as they are described by Anna Freud (6). One fact holds true for all of them. They are complex entities which have to be analyzed concretely in terms of the patient's experience if they are to have technical usefulness. It serves no purpose to tell a patient that he is repressing, projecting, or the like. Instead we must find ways of demonstrating to him how he does these things—which may certainly be a tortuous procedure. Each defense mechanism involves special problems. Here I shall discuss only the turning of an instinct against the self, and regression.

The turning of an instinct back against the self was first

described by Freud (2). He noted it as a consequence of the development of such paired instincts as sado-masochism, scotophilia-exhibitionism. Although this particular instinctual vicissitude may arise as a spontaneous product of development, he states that it may occur as the result of conflicts which intensify one member of the instinctual pair, e.g., masochism. Clinical practice demonstrates this defense mechanism particularly well in men whose character structure is dominated by passive feminine trends. It may even be assumed that the formation of this type of character is partly due to the influence of this defense mechanism; nevertheless, it must be borne in mind that character formation involves more than defense mechanisms.

The defense mechanism of turning against the self is operative in the sequence wherein sadistic impulses directed against another person do not reach consciousness and masochistic tendencies appear instead. Such masochistic tendencies may obviously possess different degrees of sexualization, or they may be predominantly expressed as moral masochism—self-depreciation, submissiveness, an exaggeratedly apologetic attitude. Whereas this desexualized expression of masochism permeates the behavior of these patients as a rule, the passive anal fantasies, which are the sexual core of the masochistic pattern, are present although stubbornly repressed. Thus we see that a part of the defense mechanism itself—the masochistic tendencies—is repressed, and that repression must be maintained by appropriate counter-cathexes.

Thus the defense mechanism is again seen to be a complex entity, which in therapy must be resolved into its components. In the defense mechanism of turning against one's self, the component parts are both masochistic and sadistic impulses, and the sexual cores of both are repressed by different counter-cathexes. The total sequence of the defense mechanism can be demonstrated only after both the masochistic and the sadistic impulses emerge from repression. During analysis it will make its appearance when the repression of the sadistic impulses is demolished and masochistic tendencies, influenced by castration anxiety and superego pressure, gain the upper hand.

We can distinguish among the defenses and defensive attitudes those which are more or less close to the conscious ego. Thus, the submissive apologetic attitude of male masochistic characters is usually egosyntonic, whereas their deeply repressed, passive, anal or self-castrative impulses are ego-alien. A man who came into treatment because of a severe sexual disturbance, throughout his analysis showed a consistently submissive, apologetic attitude to the analyst. For him this attitude was unproblematic; it never occurred to him that there was any other way of behaving. I called this behavior during the sessions self-imposed submissiveness. It took a long time before the patient could grasp what I was trying to convey to him. Finally in one session he burst forth, 'But what do you want me to do? If I were not meek and submissive and should let out what I have inside, I would go around hitting people!' He realized then that his humility had the defensive function of counteracting and curbing his aggression. When he grasped this fact his attitude changed. A quasi-automatic, unintentional process was transformed into an intentional ego activity. The ability to bring about such changes is one of the great advantages that a knowledge of ego psychology adds to our technique.

The analysis of turning against one's self reveals another characteristic of the defense mechanisms. They appear to overlap, or more than one may be in simultaneous operation. Thus, in the case mentioned, repression and turning against the self work hand in hand. What is their mutual relationship? Is the turning against the self a counteracthexis? Does it have the function of maintaining repression, or is it the result of repression? To the last question, 'both' seems to be the right answer.

Recognition of the complex interplay of the defenses and their stratification in terms of nearness to the conscious ego are important in analytic technique because our attention becomes directed to the layers of the defensive processes which are closest to consciousness. Such recognition is not always an easy task. It requires a correlation between the unconscious and what is happening in the layers near the surface of the ego. In dynamic terms, it is our task to grasp not only what is warded

off, but also how this is performed. The 'surface' of the ego is defined as the patient's ego field during a given session. Our attention must focus on the boundary of this field, or on areas in the field wherein we suspect that some defensive process is at work. Sometimes it is possible to sense intuitively the evidence of this process through observation of the patient's behavior. But it is not easy to describe the nuances of facial and vocal expression which indicate to the trained observer that a defensive mechanism is active. One may feel, for example, a dullness in the patient that pervades everything he says. His voice has a diminished resonance, he is unusually passive, or his face becomes expressionless, and the like. These alterations in expression indicate a withdrawal of cathexis from the impulses or emotions which have been mobilized. Instead, we may observe a counter cathexis in the form of affected speech, or in such mannerisms as excessively careful pronunciation, lavish use of complicated technical terminology, or in a rigidity of posture which is the anticathexis of a lack of muscular tone. Here, too, it is important to recognize how the quality of expression in the patient's behavior can be utilized for the detection of the defensive process. In all save the most obsessional characters, the expressive layer changes not only from hour to hour but even within the same session. This changeability serves as a delicate seismograph that enables the analyst to follow the actual movement of the defense.

Freud originally introduced the term regression into psychoanalytic nomenclature (in Chapter VII of *The Interpretation of Dreams*) to indicate a shift in direction of an excitatory process during sleep. Subsequently, it was used to describe the movement of libido from maturity toward infancy. Today, though less clearly defined, regression is also used in the domain of ego psychology, as in speaking of ego regression. Definition of the mechanism of defense, regression, is not difficult: it is a defense against the anxiety caused by genitality by means of retreat to pregenital strivings. Two possible results of such regression are: either greater freedom for the libido, as in the perversions, or the development of neurotic symptoms.

However, in the neurotic, too, there may be a free outlet for regressive libidinal trends. The perversions might be regarded as a successful use of the defense mechanism of regression; in the neuroses, regression would then be an unsuccessful defense. The criterion of its 'success' is the avoidance of anxiety or super-ego pressure. If a defense is unsuccessful, and regressively activated libidinal impulses enter into the formation of symptoms, it is evident that its defensive function cannot be demonstrated to the patient, and for two reasons: 1, the regressive process itself is automatic and occurs outside of the range of the ego's conscious control and awareness; 2, the regressively activated impulses are concealed in the symptom. Again we face the basic fact that defenses play into each other in a complicated way, that they overlap or become superimposed. New defensive activities have to be developed to ward off the regressively reactivated pregenital impulses—reaction-formations in the obsessional neurotics, and other defensive measures which include modifications of bodily expressions and functions in other types of neuroses.

From these reflections a technical rule can be formulated. The defensive function of a regressive sequence cannot be demonstrated to the patient so long as the regression increases neurotic suffering and becomes part of the symptomatology. But when the ego uses the regression in order to obtain satisfaction, the more successful the defense, the more must this defensive maneuver itself become the object of analytic interpretation.

The demonstration of the full sequence of a regressive movement includes not only the terminal point to which the regression proceeds, but also the starting point from which originates the pressure that initiates the regression. This complete sequence can be demonstrated ordinarily only after much detailed work. The impulses and fantasies which have been recathected remain unconscious, as do the contents of the anxiety and of the guilt which cause the regression.

Regression occurs automatically, beyond the range of the ego's conscious activities, yet one can often detect a nucleus

of intention which initiates the regressive process. This interplay between automatic regressive processes and the ego's complicity can be observed in hypnagogic phenomena that occur, not infrequently, during analysis. In his excellent paper on phenomena associated with falling asleep, Isakower (8) points out that in these hypnagogic states there is not only a regression of the libido but of the ego as well. Isakower remarks that the ego regression is an automatic process. I agree that "the hypnagogic phenomena he describes, and which I too have observed, cannot be created by an intentional act; yet I believe that the ego has the power of initiating them. It is as if the ego allows itself to sink into these dreamlike states, which it may initiate but not direct. Where it will be taken by them is beyond the ego's control (7). Thus the will to sleep must be intentional, and an intentional act initiates such regressive phenomena as the hypnagogic states. Lewin (9) describes a patient who brought into the analytic session dreams so long and involved that they could not be analyzed. Lewin interpreted the telling of the dreams as a pure acting out, which served to repeat the sleep of the previous night. The wish to sleep was thus the intentional core, the step that represented the ego's active part in initiating the regression. Consequently he found it necessary to interpret to this patient the wish to sleep as a cardinal resistance.

Sometimes the stratification of the defenses in hypnagogic phenomena is quite complicated. A patient produced with great ease a wealth of hypnagogic phenomena. The term 'produced' does not imply here that the production was the result of an intentional act. The phenomena were experienced as occurring during daytime naps. The patient, who was unusually adept at self-observation, distinguished these phenomena from the dreams of deep sleep. They occurred, he reported, at the boundary of sleep and waking states, and he was still aware of his surroundings when they appeared. The vivid hypnagogic images usually depicted sado-masochistic scenes or more archaic fantasies, images of an oral, cannibalistic

nature, and these fantasies played an important role in his analysis.

However, in addition, the hypnagogic images included certain interesting details which seemed almost to illustrate an involved problem. I came to the conclusion that they were substitutes for daydreams, but that the extraordinary clarity with which they were retained was the expression of a wish to see. The scopophilic wish gave the observing function of the ego, to use Isakower's term, such an added cathexis that the images of the patient's regressive fantasies, which appeared while he was falling asleep, were registered with all their bizarre details.

The contents of the hypnagogic fantasies fitted in well with the context of the analysis, and I tried to make use of them by interpreting their details. I discovered that these interpretations were received without any emotional effect. The images recurred in the analytic hours in a repetitious way and were reported without any affect. It occurred to me that I had not given sufficient attention to the ego's attitude toward these images. It was as if the patient stripped them of all connection with the ego and viewed them as bizarre and interesting but as having nothing to do with him. His attitude was comparable to viewing television in a state of complete passivity with no responsibility for the production. This was the interpretation which finally prevented him from comfortably viewing these images without anxiety. In this example there is the same complicated interplay of defensive attitudes. The patient's hypnagogic images served defensive purposes, they fulfilled regressive needs and removed him from his basic and most intense anxiety. But superimposed on the regression was the additional defense of passive voyeurism, made possible by the denial of its indulgence. To recognize correctly and to point out effectively those hidden, yet not necessarily deeply unconscious, ego attitudes that serve important defensive purpose can be an important technical measure.

The problem repeatedly encountered in this study, of the relation between repression and the other defense mechanisms, is one which deserves thorough investigation. Repression, it

appears, is the basic defense mechanism. Other defense mechanisms are always based on repression.

Currently, psychoanalytic thinking is especially interested in ego psychology. Defense mechanisms, like repression and regression, are automatic processes that occur beyond the direct control of the ego. Yet, as I have shown, the ego may initiate a regression or utilize it for reasons of psychological economy. The ability to repress—to react to an approaching storm of excitement caused by instinctual drives with an automatic curbing of emotional, motor, and ideational responses—is certainly a deeply inherent disposition of the human organism. If the primary repression were able to silence once and for all the demands of the instinctual drives, this process would be completely inaccessible to discovery by introspection. In the neuroses, however, the repressed returns, so that an opportunity is afforded for observation of the renewed struggle of the ego against impulses from the id. In this struggle mechanisms are being discovered which have more in common with intentional acts. Repression, regression, projection, and other mechanisms are preformed mental responses, but they are aided by techniques which vary from individual to individual. Hence each analytic situation and each case provides us with a unique experience. Individual varieties of countercathexis are employed, and there are various ways of withdrawing cathexis which can be observed in the patient's reactions and utterances during the sessions. Hence, in this sense, traits of character are mechanisms of defense to the extent that they play a part in the process of countercathexis or of withdrawal of cathexis. Every new defense that can be detected during an analysis contains possibilities for the improvement and development of analytic technique.

These possibilities are discernible when the conception of defense is investigated in relation to the two basic operational categories of technique—transference and resistance. Freud discovered the unique significance of the relationship between the patient and the analyst as a therapeutic instrument. The curability of a neurosis is determined by the possibility of its transformation into a transference neurosis. In every neurosis

there are forces which work in the direction of shifting pathological attitudes in this relationship. But simultaneously with the tendency to experience irrational emotions and anxieties in relation to the analyst—that is to say, to establish a transference—there are other trends, which operate in a reverse direction. These trends hinder the breaking through of impulses from repression and counteract the development of anxiety. In other words, there are defenses which oppose the establishment of a transference, varying in degree according to the impulses evoked and the concomitant nature of the emotions. This type of defense does not coincide with Freud's (5) original description of the resistance that originates in the transference. He then described two groups of manifestations: 1, the difficulty experienced by patients in communicating thoughts and associations directly connected with the analyst's person; 2, the patient's disregard of the irrationality of his reactions in the transference, the excessive intensity of these reactions in which is lost all ability to discriminate between the patient's fantasy and reality. 'Defense against the transference' designated all those undercurrents and processes which produce a deficit in awareness and judgment of the transference reactions. Such defenses interfere with the transformation of the neurosis into a transference neurosis, which is one of the conditions for successful analytic therapy. Hence, the detection of defenses against transference is a step necessary for establishing a transference neurosis.

The distinction between defense and resistance is no hair-splitting, but an important problem in psychoanalytic semantics. It is possible to state that defense is the broader conception that embraces general psychological processes not necessarily pathological, whereas resistance refers only to patterns observable in analytic therapy. This is unquestionably correct, yet it contains nothing of importance concerning the relation of the two ideas. The term defense can also be used in a more limited sense when it is applied to phenomena that appear only during analysis. In this discussion it has been used in this limited sense, yet even in this sense defense and resistance are by no means synonymous.

The meaning of resistance has changed appreciably since its first introduction into analytic terminology. Originally it referred to open rebellion or stubborn silence, with complete lack of insight and absolute unwillingness to entertain any of the analyst's interpretations. As theory and technique developed, the concept of resistance came to embrace all factors that interfered with the therapeutic goal of analysis. As Freud uses the term in *The Problem of Anxiety* (4), the basic difference seems to be that resistance is a motivating force, while defense is a specific conscious or unconscious activity on the part of the ego. One must distinguish between a motive for resistance (for example, castration anxiety) and the processes which are set in motion by such a motive. In other words, whether in analysis or not, a patient may use different defensive measures to counteract his castration anxiety.

This important distinction may be clarified by a clinical example. A man who entered analysis because of a severe sexual disturbance relived in the transference the basic conflict from which he had been unable to free himself. The center of the struggle was his œdipal hostility to his father, which was displaced to the transference. The active castrative impulses at the core of his hostility were entirely repressed, and direct evidence for their existence could be found only in one of his symptoms, an insect phobia, and in symbolically disguised form in his dreams. The phobia, which could be definitely traced to his œdipal period, had been preceded by a period of sadistically tearing out the legs of insects. The castrative impulses toward the father, reactivated in the transference, tended to break through into consciousness. Among others, the defenses that were mobilized included masochistic reactions and an over-compensatory detachment toward the analyst.

The motive for his conflict was obviously castration anxiety based on a fear of retaliation which led to the defenses mentioned to ward off hostile impulses against the analyst. The resistance appeared in the analytic sessions as a blocking of associations and a feeling of emptiness, expressed in the usual way of not having anything to say.

We used the term resistance colloquially with two meanings in the above discussion. One referred to a motivating force, castration anxiety, the other to overt behavior of the patient during the analytic sessions. In the period during which the associations were interrupted, resistance became synonymous with defense; the blocking represented a form of defense, a withdrawal from thoughts and feelings. But along with such direct expression of the process of repression, many other forms of defensive activities are at work in every patient and in every analytic hour. The importance of distinguishing defense and resistance thus becomes evident. Defense is the broader concept because it embraces subliminal phenomena not necessarily reflected in that behavior of the patient which in accordance with tradition would be called resistance.

To Wilhelm Reich (11) we owe the useful distinction between *manifest* and *latent* resistance. By the latter he denoted attitudes of unexpressed hostility or suspicion, which the patient covers with compliance or docility, or with an inner doubt which is never expressed. Attitudes of this type have an obvious defensive function; yet, for the sake of terminological clarity, it would be well to reserve the term resistance for the other type, where the patient is manifestly uncoöperative. In developing this idea, Reich assumed that all defenses are maintained by means of character traits. This generalization is unjustified, for such basic defensive processes as repression, regression and projection are inherent reactions of the human being and they operate in all individuals regardless of character. Nevertheless, it is true that in every patient character traits serve important defensive functions.

The recognition of latent resistance—defenses that are operative though hidden—is significant, for it furnishes a possibility of establishing a new system of coördinates in the analytic process. The symptoms and the dreams of our patients may tell us about the nature of the unconscious processes which produce their neuroses. We have then to look for an unknown, the defenses which are at work during the analytic process to keep them unaware of these forces.

SUMMARY

I have attempted to indicate some of the problems involved in the conception of defense. In a restricted sense, defense is viewed as the sum of those unconscious ego activities which work toward maintaining a neurotic equilibrium and thus hinder the emergence of the transference neurosis; they tend to prevent the crystallization of the neurotic conflicts in the analytic process. Defenses are directed against instinctual drives as well as against anxiety, and those vanguards of the drives, the emotions. I have endeavored to show that the mechanisms of defense are complex entities which may involve several defensive positions, and that it is fruitful to distinguish between the deep, unconscious, automatic defense mechanisms and those located in what we called the layers of defense near the ego. Reflections concerning a differentiation of the concepts, defense and resistance, are presented with the intention of finding the sometimes elusive but nevertheless very specific nature of the concept of defense. These reflections are in accord with the current psychoanalytic endeavor to recognize with greater precision the role played by the ego in the process of defense.

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THREE NOTES ON THE SCHREBER CASE

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In his classic study of Schreber's Memoirs,¹ Freud states: 'In working upon the case of Schreber I have had a policy of restraint . . . it will not be possible to define the limits of justifiable interpretation until . . . the subject has become more familiar'.

As almost forty years have elapsed since Freud's famous interpretation of the case (and nearly half a century since the publication of the *Denkwürdigkeiten*), the subject has indeed become more familiar, and an attempt is made here to add a few observations to the classic text. Though preliminary in nature and hardly of major importance in themselves, they may contribute in one way or another to the clarification of some obscure points in the *Denkwürdigkeiten* as well as in the English version of Freud's original text.

I

THE ONSET OF SCHREBER'S TWO ILLNESSES

Freud opens his presentation of the case with Schreber's own words: 'I have suffered twice from nervous disorders and each time as a result of mental overstrain'. In this opening statement of the patient, it seems to me that perhaps not the full weight of consideration has been given to the *onset* of *both* illnesses nor to the particular circumstances under which they developed.² Although comparatively little is known about

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¹ Freud: *Psychoanalytic Notes Upon an Autobiographical Account of a Case of Paranoia* (based on *Denkwürdigkeiten eines Nervenkranken* [Memoirs of a Neurotic], by Dr. jur. Daniel Paul Schreber, published 1903). Coll. Papers, III.

² A reference to Schreber's situation at the outbreak of his two illnesses can be found in a recent paper by E. Klein in *The Psychoanalytic Study of the Child*, Vol. III/IV. New York: International Universities Press, Inc., 1949.

Schreber's first sickness—except that it is described as a condition of 'severe hypochondriasis' and that it lasted about one year, several months of which the patient spent in a mental hospital—the onset of this first illness is clearly stated. It began in the year 1884, when Schreber was a candidate for election to the Reichstag, running for the office of *Reichstagsabgeordneter*, a position comparable to member of Congress in the United States or member of Parliament in England.

Since Schreber, at the outbreak of his first illness, was a candidate for an important political office, it is worth-while to consider the political conditions then prevailing in Germany. Bismarck, the 'Iron Chancellor', was then not only at the height of his power in the *Vaterland* but, as the highest official and chancellor of the Reich, he could summon the Reichstag or dissolve it arbitrarily, as he had repeatedly done in fact before 1884. It is important to note, for the understanding of Schreber's situation, that dissolving the Reichstag meant punishing it and its members, and that running for the Reichstag signified in a way running against Bismarck, the most powerful man in Germany, who all his life was sternly opposed to parliamentary ('filial') intrusion. If toward Bismarck the Reichstag misbehaved by voting against his policy, it was threatened with dismissal or it was dissolved by him in short order and its members were sent home, much in the way a disciplinarian or authoritarian teacher dismisses a misbehaving class in anger and paternal wrath.

We do not know exactly how Schreber's candidacy for the Reichstag came about, nor what became of it. We do know, however, that it coincided with the first occasion when he fell ill, and as nothing has ever been said or written about a *Reichstagsabgeordneter* Schreber nor about an election campaign conducted by him, it is probably safe to assume that his candidacy ended, perhaps by his withdrawal, because of the very illness that then made its appearance.

The second illness, of course, is known to us in detail, since Schreber's memoirs, as well as Freud's interpretation of them, are almost entirely devoted to this second illness. About the

onset of this recurrence, Schreber states that it began after he was promoted to the high office of a *Senatspräsident* of the Supreme Court of Justice in Saxony. Precisely when he embarked on this new career, still preparing himself for the duties and manifold responsibilities of the presidency of the highest court in the state, he fell ill for the second time.

Viewed in the light of these conditions, it seems difficult indeed to avoid the assumption that the two illnesses, both appearing under such similar circumstances, have a common denominator, perhaps hitherto not fully considered, at least as far as their precipitating cause is concerned. Also, in the beginning at least, there seems to have been little clinical difference between the two: in both instances the onset was marked by severe hypochondriacal symptoms which led to hospitalization. Before the outbreak of the second illness, Schreber remarks that he dreamed two or three times that his old nervous disorder had returned. We thus learn from the patient himself that the two diseases appeared to him closely related; furthermore, he tells us that on each occasion a similar condition prevailed in his life, which he calls 'mental overstrain', mentioning also 'a very heavy burden of work' in the second. No further parallel between the two episodes can be drawn from Schreber's memoirs alone about his situation at that time.

Our question as to the onset of both illnesses, then, reduces itself to a search for potential, precipitating factors which may have activated well-known latent forces in a paranoid individual, of which the patient himself—as so often happens in these cases—was not entirely unaware. His cautious generalizations about 'mental overstrain' or 'a very heavy burden of work' would seem, judging by their consequences, to refer to something more specific. What does he mean by them?

Freud makes no mention of the onset or the meaning of Schreber's first illness, being primarily interested in the protracted, second psychosis. About the outbreak of the latter, Freud draws attention only to 'a somatic factor which may very well have been relevant' in the case, and notes that Schreber then 'had reached a time of life which is of critical importance

in sexual development . . . the climacteric'. Apart from Freud's own doubts about this explanation which recur throughout his text, and without distracting from the importance of the somatic factor emphasized by him, it seems to me that the possible action of such a somatic factor would explain only the outbreak of the second illness when Schreber was fifty-one. It could hardly be regarded as a sufficiently active element in precipitating the first episode which occurred eight⁹ or nine years earlier. Consequently, in accepting the 'male climacteric' as a factor in the development of the second illness, one cannot possibly attribute to it the same significance in the earlier outbreak; nor does the presumed existence of such somatic factors preclude the importance of external events in the patient's life each time he became sick. In fact, if our view of the close connection and perhaps identity of Schreber's two illnesses is correct, it is impossible to avoid the assumption of such psychologically precipitating factors, which must have been operative on both occasions, at or shortly before the onset.

From the study of Schreber's memoirs, Freud brilliantly concluded that in this case 'we find ourselves once again upon the familiar ground of the father complex', as evidenced by the clinical picture, the patient's fantasies and delusions, and their analytic interpretation. This being the case, we cannot fail to see that Schreber in his social relations with Flechsig and von W., as well as in his delusions (God-sun-father) during his illness, succumbed to passive feminine fantasies only after having been put in the unbearable situation, prior to each outbreak, of assuming an active masculine role in real life, either by facing the father as the rebellious son or by becoming a father figure himself.

We may assume, indeed, that what Schreber dreaded most was taking the place of the father. For reasons unknown to us, his marriage was childless though he apparently desired to have children. Under circumstances better known to us, however, we see that Schreber could not accept an active masculine role, in a wider sense. When called upon to become a member of the Reichstag as a rebellious son in opposition to the awe-

inspiring Bismarck,³ he fell ill the first time. When, nine years later, he was called upon to take a father's place by becoming the presiding judge of the supreme court, he again fell ill, and this time for good. Not being able to face the powerful father in fighting competition as a member of the Reichstag, or to take the place of father as *Senatspräsident*, he became incapacitated whenever such a threat appeared. Instead of running for office or accepting an appointment to a high office, he had to run from it, driven by his castration fantasies which were set in motion the very moment the dreaded masculine role threatened to become a reality.

How unbearable his position seemed to Schreber is stated in his own words in which he describes, almost with insight, the dilemma in which he found himself as a result of his promotion in 1893: 'This burden was the heavier, and put the greater demands on tact in personal intercourse, as the members of the five-man court, of which I had to assume the presidency, were nearly all my seniors, far superior to me in age (up to twenty years) and, moreover, more familiar with the practice of the court to which I was a newcomer'. The patient, in other words, found himself surrounded by threatening father-figures in whose midst he saw himself as a filial intruder, helpless and in danger.

Schreber, therefore, is completely right when, in referring to this situation, he speaks of 'mental overstrain' and 'a very heavy burden of work' to which he succumbed. We have only to add that the strain was not from overwork in the usual sense, but from the unbearable and overpowering burden coming, in 1884, from the threatening election or, in 1893, from the appointment to political (juridical) 'masculinity'. How much even the thought of an active masculine role was dreaded by Schreber is indicated by the fact that shortly after having been notified 'of his *prospective* appointment as *Senatspräsident*', and some time before assuming this office, he had the ominous fantasy that 'after all it really must be very nice to be

³ There is a somewhat oblique reference to Bismarck in Schreber's book which seems to point in this direction: Bismarck, Goethe, and other great men belong to the 'important souls' which later become higher, godlike unities.

a woman submitting to the act of copulation'. Under the impact of a threatening reality which imperiously demanded of him an active masculine role (this being precisely the situation he feared most, and which was consciously perceived as 'mental overstrain' and 'a very heavy burden'), his latent passive feminine tendencies broke into consciousness and he fell ill.

That, indeed, the same precipitating mechanism must have been at work nine years earlier, at the outbreak of the first illness, may be surmised from his statement, occurring in the same context, about his repeated dreams that the former disease had returned. In the patient's unconscious the determining mental forces as well as their clinical results were obviously closely related. In fact, they were quite likely based on the same mechanisms and escaped from repression under virtually the same circumstances regardless of the presence or absence of an additional somatic factor.

Viewing the onset and the duration of the two diseases in this light, I would like to venture an hypothesis about the different courses of the two illnesses. If they are similar in structure and origin, why did they have such different clinical courses, the one ending in recovery after one year, the other developing over years into an apparently lifelong process? I believe that here, in the protracted course of the second illness, the somatic factor resulting from the patient's age may play an important part. We cannot, however, overlook the fact that the first relatively mild and temporary illness occurred in connection with a political candidacy which, even if successful, would at best have resulted in a comparatively short period in public office. Having in 1884 relinquished his candidacy because of an illness that necessitated his hospitalization in a mental clinic for several months, the chronic relapse followed a promotion which under normal circumstances would have meant a lasting and practically irreversible life status for him. In this instance, a refusal would have been something like a crime, a kind of *lèse majesté* or worse, since such promotions were made by the King of Saxony, or at least confirmed by royal decree, and could not be refused. Illness, then, was the only

way out, and with a lifelong position of this kind as a permanent threat before the patient, it could not be of short duration.

II

OBSERVATIONS OF A LINGUISTIC AND EXPLANATORY NATURE

Various obscure passages in Schreber's *Denkwürdigkeiten* appear unchanged and unexplained in Freud's study and have remained so, perhaps because they have not been deemed important enough to require further elaboration. I have noticed, however, that some of these difficult passages appear in the English translation of Freud's text in such a manner that not only is their meaning lost, but sometimes actually reversed.

One of these passages deals with God's language which in the German original as well as in Freud's monograph is called *Grundsprache*. In the current English translations different versions are used; for instance, 'root language'⁴ in the translation of Freud's paper, or 'basic language'⁵ in Fenichel's excerpts from the Schreber case. These translations are not only inaccurate, but they also seem to miss a rather interesting point. When Schreber speaks of God's language as *Grundsprache*, it is well to remember that he was a learned and scholarly man, trained in philosophy and abstract thinking. He was certainly informed about such philosophical concepts of God as *Prima Causatio* or, in German, *der Grund allen Seins* ('ground of all being'), etc. God thus being recognized as the *Grund*, it becomes understandable that the language he speaks is the *Grund-language*. In fact, it may be assumed that to Schreber's way of thinking it has to be that way; it may well be that the 'order of things' so often mentioned by him demands it. At any rate, just as a German speaks German and an Englishman, English, it is only natural that God, the 'Ground', uses *his* language, the 'Ground'-language. Using such terms as 'root

⁴ Freud: Coll. Papers, III.

⁵ Fenichel, Otto: *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., Inc., 1945.

language' or 'basic language', makes this connection completely unintelligible for the English-speaking reader. There is still another reason why the word 'ground' is here particularly appropriate, since it points the direction of Schreber's thinking. He also speaks of *Grundteufel* ('ground' devil) and certain *Untergrund* (underground) phenomena which, together with *Grundsprache* and other anal word usages, are characteristic of Schreber's trend of anal thinking and writing.

According to Schreber, on the one occasion during his illness when he saw God and heard him speak, a word was uttered which was a very current and forcible one in the *Grundsprache*. This word was *Luder*. Translation of this unmistakable German insult into 'scoundrel', as the English version has it, is even more misleading. *Luder* is related to *liederlich*, the English 'lewd', and clearly refers to a female. 'Scoundrel' in German is *Schuft* or *Schurke*, referring only to males. The expression *Luder*, however, is a strong, antiquated, but often used insult in southern Germany (fitting perfectly into the *Grundsprache* described by Schreber as 'a vigorous, somewhat antiquated German'), and is applied to a lewd female, a hussy, or even a whore. It is frequently used in combination with some other insulting epithet explicitly addressed to a female, such as *Dreckluder* or *Sauluder*. In current American slang, *Luder* could perhaps best be translated as 'bitch' or the like. Schreber, then, is called 'tart', 'bitch' or 'whore' which in the context of the patient's delusional system is perfectly understandable.

Schreber states, in allusion to his emasculation, that the 'rays of God' thought themselves entitled to mock at him by calling him 'Miss Schreber'. The word 'Miss' is one of the very few English words which occur in the *Denkwürdigkeiten*. The question arises why Schreber should here have used an English expression. In certain parts of Germany the English term 'Miss' had (and possibly still has) a definitely derogatory connotation. It designated an unmarried woman of somewhat doubtful reputation and character, who displayed also a certain arrogance and ostentatious superciliousness. The meaning of 'Miss' in the Germany of those days can perhaps best be com-

pared with the use of *Fräulein* by our occupation troops in that country today. Schreber himself makes it clear that his being called 'Miss' can be understood only in this way. In the context in which he reports that the 'rays of God' called him 'Miss Schreber', he states that the voices, which are identical with the 'rays', derided him and jeered at him. How did they do that? By calling him 'Miss'.

Completely incomprehensible in the English version are those passages which are repeatedly translated as 'cursory contraptions'. It is true that the original, *flüchtig hingemachte Männer*, is difficult enough to translate. But it is also true that the *flüchtig hingemachte Männer* of the original and the 'cursory contraptions' of the translation have hardly anything in common, either in their wording or the ideational content. Schreber writes of 'men cursorily made, drawn, or delineated', and not of contraptions. The full sense of these words remains doubtful, since no detailed elaboration is given by Schreber who describes himself as being extremely puzzled by these phenomena. Freud believes they may refer to children or spermatozoa or a combination of both, and Katan has recently made a special study of Schreber's 'little men'.⁶

The 'ground language', properly understood, perhaps contains also the key to the meaning of these obscure passages. According to Schreber's statement, the expressions *flüchtig hingemachte Männer*, *kleine Männer*, *Luder*, *Grundteufel*, *Untergrund*, etc., belong in one way or other to the 'ground language'. We are told by Schreber that this language is 'a vigorous, somewhat antiquated German', and we also know from certain words of this language, like *Grund* or *Luder*, that it seems to be especially rich in expressions deriving from or belonging to anal terminology. Viewing Schreber's *flüchtig hingemachte Männer* in this way, and with the additional knowledge that *hinmachen* means not only 'make' but also 'defecate', and that, moreover, it is often used in the sense of 'kill' or 'murder', especially in southern Germany, it becomes evident that these frequent

⁶ Katan, M.: *Schreber's Hallucinations About the 'Little Men'*. Int. J. Psa., XXXI, 1950, pp. 32-35.

passages, obscure as they are, have to do with anal-sadistic word usages—certainly not too strange a finding in Schreber who devotes page after page to the description of God's processes of evacuation and other anal activities.

This view is supported by a closer study of those chapters in the *Denkwürdigkeiten* in which the puzzling *flüchtig hingemachten Männer* are mentioned. In the early part of the book they frequently appear in connection with other expressions denoting 'dead', 'dying', 'dissolved', 'disappeared', etc., i.e., destroyed. In other passages the specifically anal meaning emerges even more clearly, for instance, when Schreber writes: 'The orderlies M. and Sch. loaded a part of their bodies as a foul mass into my body in order to sit away'. Schreber describes the noises which he heard repeatedly during the 'sitting of the cursorily made men' as *röcheln*, which literally means 'rattle' or 'death rattle'. In other passages he speaks of these phenomena as 'being really souls', and he equates 'being among cursorily made men' as being 'amongst the fossils', again a clear allusion to dead, destroyed, and anal objects. The expression 'amongst the fossils' is especially characteristic of the 'ground language': fossils are, even literally speaking, ground objects; but in a further sense 'fossils' also refers to persons who are dead or whom one wishes dead, and was often used in German university circles in this sense. Schreber also speaks of the 'little men' as having a repulsive odor, and as being of a strange color, described as *möhrenrot* (carrot-red), a very unusual and, I believe, unique German word. This Schreberian neologism, then, is understandable only in terms of the fecal brownish yellow color of the carrot as well as its shape, while red probably has the sadistic meaning of blood and killing.

A similar meaning emerges from a closer study of those passages in which Schreber discusses the 'little men' in direct connection with specific persons. He repeatedly mentions the 'little men' in close association with 'little Flechsig' and 'little von W.', his two main persecutors. From the associative context and the choice of words, it has clearly the same anal-sadistic, paranoiac meaning.

There remains still another connotation not yet fully considered. The German *hinmachen* means not only to make, to defecate, to kill, but also to draw or to sketch. In the last sense, it may refer to those numerous diagrams, pictures, and drawings of male figures which illustrate a book, *Ärztliche Zimmergymnastik*, written by Schreber's father who was the founder of therapeutic gymnastics in Germany and who prescribed numerous physical exercises which are presented in detail in his book. In fact, some detailed descriptions in the *Denkwürdigkeiten* of, for instance, the 'fore courts' of God, his 'posterior' courts, upper and lower parts, etc., read like graphic though distorted descriptions of the anatomical illustrations included in the elder Schreber's book. In addition, several pages of the *Denkwürdigkeiten* are exclusively devoted to a discussion of drawing and sketching.

III

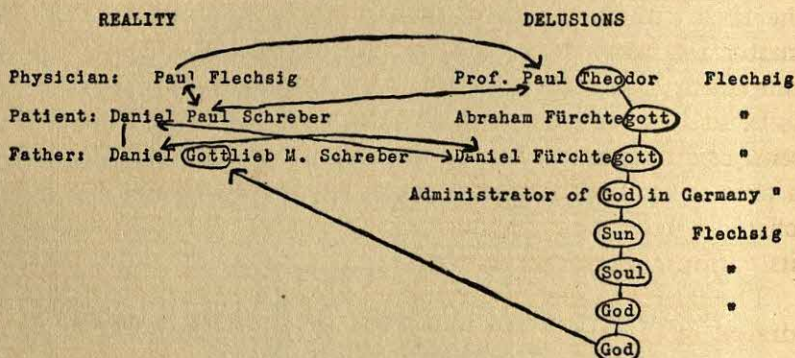
THE ASCENT FROM FLECHSIG TO GOD IN SCHREBER'S DELUSIONAL SYSTEM

Freud was particularly interested in the psychopathological process which brought about 'the ascent from Flechsig to God', a process in which ultimately the figure of the physician Flechsig was replaced by the superior figure of God.

Without going into the clinical details of Schreber's delusional system, I wish here only to point out that this ascent can be clearly followed in the *Denkwürdigkeiten*. The intermediate steps of this development are presented by Schreber's chronology of the various delusional names belonging to this part of his delusional system.

Of this chronology, the last four items were discussed in detail by Freud. The first four items are taken from the *Denkwürdigkeiten* to show the various intermediate steps in the production of Schreber's delusional system, which culminates in his characteristic Flechsig-father-God delusion. These stages in his delusion can be found in those chapters which deal with his distortion of the intimate relations between the Schreber and Flechsig families.

The successive delusions can perhaps be best understood in the terms of Freud's analysis of the patient's psychotic thought process as an 'attempt at restitution'. One of the characteristic manifestations of this attempt consists in an effort to regain the lost libidinal objects (from which the cathexis was withdrawn) by reinforcing the cathexis of the verbal representations standing for the lost objects. Hence the prominent role played



The circles in the above system indicate Flechsig's successive deifications. The arrows illustrate Schreber's statement with reference to the close relation between the Schreber and Flechsig families: 'I have parts of their souls in my body'.

by verbal production in schizophrenia such as neologisms, verbigeration, word salad, etc. The outstanding libidinal object from which the cathexis is withdrawn in Schreber's case is the father. The verbal representation of his father—his given name, Daniel Gottlieb—is recathected, and it will be noted that in all the variations of the delusional names the word 'God' occurs in one combination or other. Among them, *Fürchtegott* (fear God) is of special interest, revealing the patient's ambivalence, his fear of God as well as the threat he addresses to God.

It is noteworthy that the patient shared the name of Daniel with his father and the name of Paul with his physician. In the delusional system, the father's names, Daniel and Gottlieb, are

bestowed on the physician with the various deifications, thus identifying him clearly as a representative of the father. Of the combinations Paul Theodor Flechsig, Daniel Fürchtegott, and Abraham Fürchtegott, Schreber states: 'I have parts of their souls in my body'. That from Theodor, literally 'God's gift', Schreber draws on his knowledge of Greek is confirmed by him in several passages. The names Abraham and Daniel are of biblical origin, the former meaning 'father of a multitude' and the latter, divine judge or judge appointed by God. It is a matter for speculation whether his use of the name Daniel, containing the Hebrew words *Dan* (judge) and *El* (God), is to be understood, as a double-edged threat, in the same double sense as *Fürchtegott*. At any rate, the deification of the father—a process for which the father's actual middle name, Gottlieb, offered a welcome opportunity—can be easily followed through its various, intermediate steps.

The father as such has vanished in consequence of the withdrawal of cathexis. His name, Daniel Gottlieb, however, has remained, and the cathexis it undergoes can in this system be identified point-blank, as it were, by following the various deifications. In this process the patient arrives step by step at the enthronement of Flechsig as God's administrator or proconsul in Germany, presumably a reference to Bismarck, and from there the cathexis of the word representations proceeds rapidly to culminate finally in 'God'. The process is now completed. First Flechsig, and then God, is reinstated in the place of father. With the new father, God, collecting the totality of cathexis, the schizophrenic thought process has gone as far as possible. It has run its full course in its attempt to restore, with the aid of verbal representations, those libidinal ties which had been abandoned.

METAPSYCHOLOGY OF ARTISTIC CREATION

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To seek a psychoanalytic metapsychology of artistic creation is perhaps prematurely ambitious; yet it should certainly be our ultimate goal. In such a presentation the dynamic and economic point of view should be supplemented by consideration of the role played by various psychic systems and the dynamic barriers separating them from each other. One hesitates to approach this problem not only in view of its extreme complexity but also because it seems imperative, and yet highly doubtful, that such an investigation should capture the secret of beauty created by man.

For clarity of presentation we shall concern ourselves with three main points: first, the wish to create, or in more general terms, the motives for creation; second, the content of the work of art; third, processes deriving from the unconscious which lead to the work of art.

The creative impulse has many components, all of which have their unconscious and conscious motivations. 'Power, fame and love of women', in Freud's original formulation, are more often than not superficial rationalizations. In many instances they correspond to fantasies from childhood, originally conscious, but then either repressed or maintained in the system of the pre-conscious throughout life.

When we penetrate deeper into their origins, we perceive that they are rooted in œdipal and preœdipal fantasies which provide the immature ego with a compensatory gratification in some distant future: the fame gained by his art will make him more desirable to his incestuous love object, and the power he will attain will make up for his present weakness. As an illustration, among many others, compare Byron's *All for Love*:

Read at the meeting of the American Psychoanalytic Association, Detroit, April 1950.

Oh Fame! — if I e'er took delight in thy praises,
'Twas less for the sake of thy high-sounding phrases,
Than to see the bright eyes of the dear one discover
She thought that I was not unworthy to love her.

and Edgar Allen Poe's passage in *The Essay on the Poetic Principle*: the poet 'recognizes the ambrosia, which nourishes his soul . . . above all, ah! for above all, he kneels to it, he worships it in the faith, in the purity, in the strength, in the altogether divine majesty of her love'.

The aggressive drive may find expression not only in anticipation of power but in more primitive sadistic fantasies which outline the destruction of rivals and enemies. The progress of psychoanalytic knowledge has taught us the importance of preœdipal conflicts and we have sufficient clinical evidence to include them as sources of creative fantasies. Bergler assigns to them a preponderant position, claiming that the writer's wish to create is an expression of his unconscious desire to reproduce an autarchic infantile fantasy of oral independence as a spiteful defense against his masochistic dependence on the mother.¹

The defensive character of the creative impulse is a clinical fact which can be detected in many a case, but as a generalization it puts too much emphasis on the neurotic affiliations of artistic creation. However, it may be of considerable importance and account for a great many pathological complications. To give only one example, the defensive wish to be entirely independent of the mother may at any time be overruled by its antagonist, the original craving for dependence. Accordingly, the artist may develop an inhibition of his creativeness almost in proportion to his artistic aspirations, since he is afraid that his wish for independence may be realized too completely.

The biography of Toulouse-Lautrec demonstrates that in the choice of a great many of his subjects, as well as in his way of life, he never stopped acting out his unresolved œdipus by promoting the cult of the courtesan against the aristocratic woman

¹ Bergler, Edmund: *Psychoanalysis of Writers and of Literary Production*. In: *Psychoanalysis and the Social Sciences*, Vol. I. Edited by Géza Róheim, Ph.D. New York: International Universities Press, 1947.

of society which his mother was. He was nevertheless unable to free himself of his infantile dependence on his mother and, trapped in the desperate impasse into which his conflicts led him, he proceeded to destroy himself slowly but surely with liquor.

Despite such evidence, it is probable that the creative urge springs more often than not from less pathological sources, among which narcissistic omnipotence is preponderant.

Slowacki, a Polish romantic poet, expressed in Lucifer's prayer the anguish and pain of the magic wish, which is doomed to failure, and reveals its origin in the frustration of infantile narcissism: 'How long will there be in me this desire that this world could do nothing without me!' In his childhood, the poet made a pledge and a secret prayer: 'God, let me be unhappy, miserable and scorned in life, if only I can be famous after my death'. Under the guise of renunciation of direct gratification of narcissistic omnipotence, this prayer is only a postponement of its fulfilment, making a virtue of necessity. The magic wish aims at surpassing God.²

In his *Stundenbuch*, Rilke, invoking God, wrote: 'And artists paint their pictures only that you receive back as unperishable the nature that you create perishable; everything becomes eternal . . .'; and Keats wrote in a letter to his brother: 'The Sun, the Moon, then Earth and its contents, are material to form greater things, that is, ethereal things, greater things than the Creator himself made'. The desire to create imperishable objects is rooted in the determination to perpetuate the past in forms which will defy the doom of change and oblivion.

In this way, creativeness serves the purposes of Eros against Thanatos. To be sure, the objective of preserving perishable states of mind is realized by the artist at least to the same extent as by the neurotic or psychotic. One is impressed time and again by the extent to which the artist preserves intact the treasury of his memories, including all his early conflicts. The latter become resolved only exceptionally and thus provide

² Cf. the author's monograph, *Slowacki, A Psychoanalytic Study*. Warsaw: Morkowich, 1930.

almost inexhaustible motivations for artistic elaboration. Here, then, a quandary arises as to the metapsychological interpretation of this peculiar quality of the artist. We know of it as much or as little as we know of this quality in the psychotic. Why in either case do early conflicts and attitudes remain unchanged and unresolved throughout decades only to emerge under propitious circumstances? All we can say is that some counterca^othexis prevents them from erupting into the boundaries of the ego. This counterca^othexis must be more powerful and, by the same token, we must assume that the cathexis of repressed ideas and instinctual derivatives must be more intense than in ordinary individuals. This, in its turn, may be due to such peculiar features of personality as a combination of intense activation of instinct with unusual sensitivity and vulnerability.

Returning to the problem of creativity, the desire to preserve the past must be qualified to include both painful and pleasurable experiences. The wish to relive past suffering as well as past happiness has far-reaching metapsychological implications. Clinging to the pleasurable gratifications of the past can readily be understood as a reluctance to renounce the happy satisfactions once experienced. No longer attainable in reality, they can be relived by the ego either in mere fantasy or in alloplastic creation. The famous words of Goethe's Faust: 'Linger, you are so beautiful', are appropriate to this situation. At times it seems as though the artist might be satisfied with such a substitute gratification. However, more often than not such a gratification, just because of its substitutive nature, demands constant repetition. In an almost compulsive way the same unconscious motives are elaborated upon in variations which may be striking in their uniformity.

This is even more true of experiences loaded with pain and suffering. Here the ego of the artist reacts in striking resemblance to the ego in traumatic neurosis. We have learned from Freud, in *Beyond the Pleasure Principle*, that such an ego, overwhelmed by the load of overstimulation, makes vain attempts to get rid of its overcharge by repetitively reliving the

trauma. In the work of the artist we can observe the same mechanism operating with reference to past tensions and frustrations. He tends to relive the repressed erotic and aggressive impulses of his childhood in projecting them on objects of his creation. In so doing, he behaves like the dreamer, and, like the dreamer, he may project not only his id impulses but also unconscious components of his superego.

Since in the last analysis these projections can be traced back to early parental images, we can formulate as a general conclusion that the artist projects his early instinctual and emotional constellations partly or in toto onto objects of his own creation. It is then comprehensible why, from the economic point of view, such a process can be continued indefinitely.

Such a faculty of continuous, almost inexhaustible projection presupposes a large stock of unconscious material. This is provided not only by repressed id and superego derivatives but by ego states as well. In general, it may be said that the ego of the artist has an unusual ability for splitting off entire constellations reflected in all parts of the mental apparatus. In this ability it resembles the prepsychotic ego. The question arises whether we should assume an essential difference in the dynamics of splitting in both groups. We may base a tentative answer on discoveries of Federn as recapitulated recently by Weiss: 'An actual splitting of the ego . . . is commonly recognized as the pathognomonic phenomenon of schizophrenia. But, while in the normal person there is repression of previous ego states split off in this fashion from the present ego, in the schizophrenic person repression fails. Consequently two or more separate ego states may struggle to maintain integration and may consciously exist at one time.'³

It seems highly probable that this description is valid both for the prepsychotic individual and the creative artist, since both have the split-off material at their disposal, the one to develop a psychosis, the other to create art. Countercathexis of

³ Weiss, Edoardo: *Principles of Psychodynamics*. New York: Grune & Stratton, Inc., 1950, p. 141.

relative and only temporary value maintains the split-off portions of the ego in incomplete repression from which they re-emerge when drawn upon by the creative ego, or when passively permitted by weakening of the psychotic ego. Even at this point the difference is not complete since it is well known that not only does the psychotic ego become invaded by the repressed forces, but the creative ego as well may experience inspiration as a passive surrender to an overwhelming power. Thus the difference must lie in the manner of this invasion of the ego by the unconscious, and the subsequent fate of the forces released.

With this important difference in view, the truth remains that the creative ego has repressed contents at its disposal to an unusual degree. We may assume that its extraordinary faculty of grasping the unconscious of other human beings, of penetrating—to use somewhat metaphysical terminology—into the essence of things, is based on the same open access to the unconscious in all its extensions. This then must presuppose an unusual mobility of countercahexis and, accordingly, of barriers separating various systems of the mental apparatus. As in a dream—or a neurotic symptom—the return of the repressed is always possible in creative imagination. Obviously, this mobility of countercahexis is only an instance of general mobility of cathexis which we must attribute to the artistic mind. The extent to which it draws on the primary processes and utilizes symbolization is a sufficient proof that it operates closer to the system of the unconscious. Moreover, like the dreaming ego, the creative ego operates through the medium of topical regression which also demonstrates a mobility of cathexis unparalleled by an 'ordinary' mind. In moments of true inspiration almost every 'real' occurrence strikes deep chords in the unconscious and acquires a symbolic meaning, imbued with emotional impact; and, conversely, every intrapsychic experience becomes materialized and expressed in terms of external reality. Thus there is a constant communication through the ego operating in both directions between the unconscious and reality.

Even such well-established divisions as the separation between various sensual perceptions may yield to this general 'mobilization', so that sounds, shapes, colors, and even odors may coalesce or be experienced in rapid succession. This phenomenon of synesthesia is only one example of a type of psychological experience which was well described by a patient, a distinguished poet, who said: 'A chair begun in the awakened mind ends as a melody in the dream'.

If we assume that this mobility of cathexis and counter-cathexis extends to the ego boundaries as well, then we have a basis for the metapsychological understanding of the extraordinary faculty of the creative ego for multiple identifications. Balzac, going through the anguish of death with Eugénie Grandet, is only an extreme example of the prodigious faculty of the writer for libidinizing the characters created by his imagination to an extent that makes them real human beings vibrating with life. This process of identification extends far beyond human beings so that the artist seems to penetrate into the mysterious essence of things. On the other hand, his personal experience acquires general validity so that through him we learn to see things in a way we never saw them before. In the process of the extension of his ego boundaries the artist encompasses many areas of human experience which in some instances become representative of the joy and suffering of groups, nations, or even all mankind.

In a mysterious process of mental alchemy libido becomes deflected in three directions. First, from its original narcissistic investment the libido flows to innumerable objects of a peculiar nature: they are not so much 'real' objects as imaginary objects created by the artist. They absorb a major part of his narcissistic and object libido. Thus his narcissism shifts from his ego to his work which at times becomes much more important than his own person. His object libido may become so absorbed by imaginary objects that real relationships become depleted and shadowy. Second, through these mechanisms, narcissistic libido expands beyond the ego boundaries and, in a very special way,

embraces various parts of reality. Whitman called this process 'effusion of egotism'. Third, libido becomes deflected from its original sexual or aggressive aims and provides the energy for creative production. This process is what Freud called sublimation. In various instances, according not only to the personality of the artist but also to the nature of the artistic medium, we may observe different combinations of sexual and aggressive drives and their derivatives as expressed in the dynamics of creation. Freud's Leonardo da Vinci remains a classic model of such investigation.

Processes of sublimation in an artist are in essence no different from those in any civilized person; what gives them a mark of distinction is their scope and their intensity. It may well be that in an accomplished artist one observes not only intense sublimation but also, at times, intense libidization of various images and sublimated drives, a process which may be called resexualization. It is perhaps this process—or processes—that accounts for the unusual intensity and vividness of such artistic imagery as, for instance, the hallucinatory liveliness of some of Van Gogh's paintings, or the libidinal impact of some of the poems of Rimbaud. It is not accidental that in both these instances the ego of the artist had to sustain an unequal and dramatic struggle against psychosis. In this struggle for restoration of the vanishing world of objects, the relibidization of images and resexualization of sublimated instinctual impulses must have played an important role.

In addition to these processes of reshuffling of cathexis ascribable to artistic creation, mention should be made of narcissistic projection. The artist epitomizes his ego ideal in parts or in toto in his imaginary objects. It is only natural that in order to perform such a deep reorganization of his intrapsychic structure, the artist has at first to dissolve its well-established order. Somewhat analogous to the schizophrenic who is threatened by the destruction of his world in fantasy, the artist may experience catastrophe in reality cathexis, which requires a reorientation and may become, at least temporarily,

healed by a new creation. There is no doubt that in these preliminary stages the repressed destructive drives come to the fore. Their return may account for the depression which so often precedes the period of creation. Lee, in agreement with the findings of the British psychoanalytic school, came to the conclusion that the wish to create was but an attempt to restore the objects destroyed by the unconscious aggressive wishes of the artist.⁴

The origins of the contents of a work of art are closely allied with the motives for creation. Both have their sources in the unconscious, and in the form of a plot or a motif may thus remain preserved for a considerable length of time in the preconscious. At times, a very long process is required before the moment arrives for the ego to transmute this material into creative art. We have some insight into its mechanics from clinical observations and through the study of diaries, correspondence and drafts left by great artists. The Buffalo Library of manuscripts of English-writing poets, the Notebooks of Henry James, and the Diaries of Walt Whitman are a very few of many inestimably valuable sources of study.

As in the dream work, the material emerging from the unconscious of the artist is subjected to secondary elaboration. Many mechanisms known from the study of dreams are found in the working of the creative ego. An important mechanism is overdetermination. In a work of art, as in a dream, one motive becomes deeply meaningful and impressive when it serves to express many unconscious motivations. In both psychological processes, the choice of one particular element may be determined not only by unconscious factors but also by what Freud has called regard for representation.

In dreams it is assumed that the regard for representation is borne by the unconscious forces of the ego. In the artist we assume that both the conscious and the unconscious ego take

⁴ Lee, Harry B.: *Spirituality and Beauty in Artistic Experience*. This QUARTERLY, XVII, 1948, pp. 507-523.

part in the shaping of his work. The amount of respective collaboration between the two ego functions varies in different artists. It is clear that while inspiration flows from both the repressed id and the unconscious ego, the planning, elaboration, and final representation are the function of all the psychic systems.

When we study the life work of a great creative artist, we find that throughout his life he elaborates few essential motifs but he does it on different levels, according to his stage of development. The more highly elaborated his development, the more overdetermined his work becomes both in its content and in its form. It can then be interpreted in terms of his repressed unconscious as well as in terms of his conscious, intellectual development and ideals. The more complete the integration of these various levels and their mutual harmony, the more perfect appears the work of art, until in its highest achievements it seems so perfect that nothing in it seems possible of change; no word or line is superfluous or interchangeable: we contemplate and feel a perfection which reaches into the realm of the supernatural.

This synthetic, integrative and organizing function of the artistic ego is most clearly recognizable in patients in whom it has failed. There, may be observed the struggle of the ego for the mastery of the threatening unconscious forces. Every weakness of the ego is marked by the predominance of the purely cathartic factor over the synthetic forces.

Artistic creativity is therefore an expression of the power of the ego to bind energy released from the unconscious. The effort invested in artistic formation is indicative both of the strength of the ego and of the resistance offered not only, as it might seem at first, by the medium of expression, but also by the reaction of the ego to the unconscious impulses. Here, then, lies one of the important sources of productive inhibition, since the final form of a work of art is nothing but the outcome of a complex mental struggle which, with rare exceptions, takes a long time to complete.*

It is interesting to note that the concept of artistic form as an expression of overcoming resistance and releasing emotional tension was expressed quite independently of psychoanalysis by John Dewey, who quotes Keats' description of the process of artistic creation as the ' . . . innumerable compositions and decompositions which take place between the intellect and its thousand materials before it arrives at that trembling, delicate and snail-horn perception of beauty'.⁵

⁵ Quoted by John Dewey in *Art as Experience*. New York: Milton, Balch & Co., 1934, pp. 70-71.

MOZART: A STUDY IN GENIUS

BY AARON H. ESMAN, M.D. (NEW YORK)

The enigma of creative genius is perhaps the most fascinating of problems to students of the human mind. There have been many psychoanalytic contributions to the understanding of this mystery, among them Freud on Dostoevski and Leonardo, Sharpe on Shakespeare, Bonaparte on Poe, Lee on the creative mind, and Bergler on writing, but the genesis of creative genius remains virtually unsolved. Freud stated, 'The nature of artistic attainment is psychoanalytically inaccessible to us . . . [psychoanalysis] can do nothing toward elucidating the nature of the artistic gift . . .' (1). It is nevertheless tempting to seek in the life and work of an artist clues that may lead to just such an elucidation.

Perhaps the greatest in his field, Wolfgang Amadeus Mozart's genius was at once unique and so extraordinary that it fairly cries out for investigation. We are comforted by the assurance that whether or not we reach any general conclusions about creative genius, we can learn much of interest about one of the supreme figures of Western art.

DEVELOPMENT AND CHARACTER

Certainly the most striking feature of Mozart's very brief but incredibly productive career was his precocity. The story of his surreptitious pianistics at the age of four is too well known—if not too apocryphal—to bear retelling. Surreptitious or not, it is well established that Mozart was musically active before most children are able to read, and was composing short pieces for the clavier at the age of five.

Outstanding in Mozart's development was his relationship with his father, Leopold. The father, unquestionably the dominant figure in the Mozart home, was a prominent Salzburg musician, author of an internationally known treatise on violin

playing, and from all accounts an effective, sober, rigid authoritarian,¹ but a warm person with a sharp sense of reality and a keen eye for commercial advantage. Emily Anderson, the editor of the letters of Mozart and his family, describes Leopold as '... an indefatigable correspondent, a collector of information, a keeper of lists and diaries ... an overmethodical, rather pedantic, and perhaps too inquisitive parent' (2)—an excellent capsule description of an anal character. He was extremely religious, and constantly adjured his son to Catholic piety and churchly devotion. He regarded hard work as a cardinal virtue, and was not entirely insensible of the considerable material advantage that might accrue to him from the application of this ethic to his children.²

Anna Maria Mozart, Wolfgang's mother, is a rather shadowy figure. She appears to have been a warm, devoted mother, of considerably less intellectual stature than her husband, friendly, more tolerant than Leopold. Their marriage was an eminently happy and successful one. 'Wolfgang loved her dearly, and had not the slightest respect for her authority' (3).

Wolfgang's musical precocity led inevitably to his father's taking him under his wing. The fact that he never went to school and never had any teacher other than Leopold, either in musical or general studies, gave Wolfgang more than the usual opportunity to incorporate his father's ideas and principles, and to identify with him. He has frequently been quoted as having said in childhood, 'After God, Papa' (4). In his early years he was an unquestionably devout Catholic, and in many other areas submitted to his father's authority. The orderliness and meticulousness of Leopold is clearly reflected in Wolfgang's music which, more than any other of the generally orderly classical period, is distinguished by its clarity, precision, and economy.

¹ 'These passages are for practice. The more distasteful they are, the better I shall be pleased. I have striven to make them so.' *Leopold's Violinschule*, quoted in Turner (4), p. 16.

² 'You know my children are accustomed to work. Should they become used to idleness, my whole edifice is overthrown.' Leopold, quoted in Turner, *op. cit.*, p. 52.

If we look further we can see many indirect consequences of this submission and identification. As Wolfgang matured, and particularly as he traveled about Europe without his father, signs of rebellion became increasingly evident. Even as he was composing the delicate, precise music of his late adolescence, he was writing to his female cousin in Augsburg the famous 'Bäsele' letters. These fascinating documents throw a great deal of light on Mozart's character. They are replete with nonsense, neologisms, wordplay, and innumerable references to feces, defecation, the anus and buttocks, reiterated lovingly and interminably.³ Granted the greater freedom of the eighteenth century in permitting such expressions, these letters are nonetheless unusual, and it is difficult to doubt the evidence of a marked anal preoccupation, breaking through the reaction-formations imposed by his rigid, anal father and representing the first sign of restiveness.

When he was twenty-two his mother died while she and Wolfgang were in Paris. In his correspondence with his father, which reveals his personal sense of loss and his sensitive consideration for the absent Leopold, there appears an interesting passage: 'I had never seen anyone die', he writes, 'though I had often wished to' (5). One may speculate about the possible connection between this remark and one quoted by Leopold: 'When a child you said you would put me in a glass case and protect me from any breath of air, so that you might always have me with you and honor me' (6). It is not difficult to see in this childish expression of devotion an unambiguous undercurrent of hostility. In such a glass case Leopold would, of course, have suffocated—and who was it that Wolfgang had often wished to see die, and why?

During the succeeding period, in which for the first time he was independent of parental domination and was perforce compelled to manage his own affairs (in addition to sending money home to Salzburg, a duty of which Leopold never wearied of

³ 'Muck! Sweet word! Muck, suck —! Oh, charmante! Muck, suck. That's what I like, muck, chuck, and suck. Chuck muck and suck muck.' Quoted in Anderson (2), Vol. II, p. 741.

reminding him), Wolfgang conceived innumerable financial schemes, all grossly unrealistic and impractical. Leopold received each of them with expressions of dismay, incredulity, and displeasure. Each such rebuke was greeted by Wolfgang with wounded *amour-propre*—and another, even more impractical scheme. It is difficult to imagine anything he might have thought of that could have irritated his father more, except an unsatisfactory marriage into which he managed to enter somewhat later. One who accepts the principle of unconscious determinism will see in such behavior a compulsion on Wolfgang's part to act out his unconscious hostility toward his father. By presenting these absurd plans he struck his father at a particularly vulnerable point, and he subsequently bribed his superego therefor by accepting his father's rebukes. Superego thus appeased, he could act out his rebellion as he saw fit.

In 1785, Mozart was initiated into the Freemason's Lodge in Vienna at the age of twenty-nine. The Masonic order, then as now, was opposed by the Church of Rome, and was vigorously attacked from the Vatican. But in his travels, and as he became increasingly independent of his father, Mozart's religious observances became more and more heterodox. He openly expressed disdain for the church rules of fasting, and rejected the church's concepts of death and the life hereafter, finding in the doctrines of Freemasonry ideas more congenial to his own independence, fatalism, and spiritual resignation. Though he never left the church, his religious observances became increasingly perfunctory (here we may recall Leopold's strictures on this point) and, significantly, from the time of his initiation until shortly before his death, he wrote no religious music, though Masonic music abounds, capped by his great opera, *The Magic Flute*.⁴

Mozart's drifting from religious orthodoxy was paralleled by his rupture with his priestly patron, the Archbishop Hieronymus Colloredo of Salzburg. This tyrannical cleric never appreciated the genius of his young court organist and concertmaster,

⁴ It should be noted that Leopold joined the Freemasons avowedly through his son's influence. [Ed.]

and Mozart and his father were in perpetual conflict with him. Wolfgang had tried to break away when he was twenty-one; had, in fact, resigned his place, and was induced to return only by the importunities of his father. In 1781, when he was twenty-five, he was subjected to a series of indignities, insults, and physical assaults by the Archbishop and his courtiers. His proud spirit could not support such treatment; against this authority he could express his resentment openly, and he did. He resigned his position, this time for good, not without a series of reproving letters from his father. Fully aware of his genius, Mozart sensed that in this act he had achieved his maturity and his independence, and the tone of his subsequent letters to Salzburg reflect the cooling of his feelings for his father. Leopold's death in 1787 he accepted with notable equanimity, advising his father in a letter shortly before the event to accept death as a friend, without fear but with great expectations. And it was in this spirit that he himself died four years later.⁵

Mozart's confident awareness of his remarkable talents, though reflecting his emotional stability and harmonizing strikingly with Rank's description of the creative personality,⁶ served him in poor stead in a society in which the artist was wholly dependent on the favor of wealthy patrons. Mozart could not toady. He had small respect for authority. He realized well enough that he was his father's artistic master and one of the greatest musicians of his time, and his frank, often caustic comments on the work of other musicians (well justified in the light of history) won him many enemies, the number of whom was added to by those who were jealous of him. It has long been regarded in musical circles as a mystery that Mozart could get no court position or steady patronage. But a man who had only recently emerged successfully from the struggle to liberate

⁵ Mozart died in a state of deep depression: 'I feel certain I shall not be here long; someone has poisoned me. I cannot shake off the idea.' *Groves Dictionary of Music and Musicians*. New York: The Macmillan Co., 1936, Vol. III. [Ed.]

⁶ 'The precondition of the creative personality is not only its acceptance, but its actual glorification of itself.' *Art and the Artist*, p. 27.

himself from his father and the Archbishop would scarcely have been likely to adopt behavior that would endear him to paternalistic noblemen. Thus we see that Mozart's achievement of emotional maturity proved his economic ruin in a society not yet emerged from feudalism. It is no coincidence that such a man chose to set to music Da Ponte's libretti, *Don Giovanni* and *The Marriage of Figaro*, in each of which the decline of feudalism is symbolized by the frustration and defeat of a concupiscent nobleman at the hands of menials.

In Mozart's relations with women one can trace the pattern of his emotional development. He was, according to his own testimony, a virgin to the day of his marriage. He expressed in his letters to his father (who repeatedly warned him against the dangers of injudicious marriage and illicit sexuality) recurrent assurances that he had not succumbed to temptation, and emphasized his anxiety lest he acquire a disease were he to do so. All his love affairs, and there were several, were chaste flirtations with idealized women (if we except the literary anal erotism lavished on the *Bäse*). It was not until he had successfully completed his rebellion that he married—without waiting for his father's consent—a girl of whose limitations he was quite aware and with whom he was probably not in love, but on whom he became quite dependent and with whom he was sexually active, as his six children and one of his letters⁷ make abundantly clear.

THE ARTIST AND SUBLIMATION

In his brief span of thirty-five years Mozart composed an almost unbelievable quantity of music, much of which has been lost. The catalogue of his works that are extant numbers over six hundred compositions, ranging from short clavier pieces to operas, symphonies and masses. There was no field of composition at which he did not try his hand, and none at which he did not excel. He repeatedly indicated in his letters his single-

⁷ 'Arrange your dear sweet nest very daintily, for my little fellow deserves it indeed . . . and is only longing to possess your sweetest . . . [word deleted by his wife].' Anderson (2), Vol. III, p. 1382.

mind absorption in composition, the sole intellectual activity from which he derived real gratification. He worked with tremendous speed and incredible industry; his manuscripts rarely show changes or erasures. Though he led an active social and musical life, it seems that he was driven by an irresistible impulse to compose, independently of the economic pressures that compelled him to do so.

Before considering Mozart's creative drive, however, it may be profitable to review the contributions of some psychological and psychoanalytic writers on the subjects of sublimation and of artistic creation, which is but one form of it. Sharpe speaks of sublimation as 'a reparation, a control, a nullification of anxiety' (7). Róheim describes it as '... the repetition of an infantile situation ... the happy union of mother and child ...' (8). Lee (9), who has written extensively on art and creativity, states that art arises out of a neurotic depression produced by an upsurge of destructive rage that is turned on the self. The artist seeks to cure the depression by restoring (symbolically) the hated object in the form of a work of art, in order to reinstate himself with the pitying, loving, maternal elements in the superego.

Otto Rank regards the creative urge as deriving from the need of the artist to immortalize himself due to the 'fear of death' (10). Rank leaves the matter here; he fails to consider the fact, pointed out by Freud (11), that in the unconscious there is no conception of death as such. To the child (and the unconscious) 'death' is equated with loss of maternal love and consequent exposure to the hostile forces of the environment. Thus we see that the logical extension of Rank's thesis leads us to the view that creation represents the artist's effort to reassure himself of continued love and protection from the mother—a conclusion strikingly similar to Róheim's.

A further consideration arises here, however. Freud states (12) that fear of death is frequently a representation of fear of castration. Thus, again, by extension of Rank's point, the artistic urge may represent a device for the allaying of castration anxiety, as suggested by Sharpe. Parenthetically, it may be that

in this fact lies a partial explanation for the far greater incidence in our culture of artistic creativity among men than women.

Let us now see how these theoretical constructions may be reconstructed in Mozart's life and work. As we have previously noted, Mozart's mother was a warm, affectionate, quiet person, to whom Mozart was deeply devoted. We have adduced ample evidence of his ambivalent feelings toward his father, and the determining quality of the hostile component. These hostile feelings arose, we must assume, not only from his resentment against his father's domination, but also out of the competitive striving for the mother. Not only did Mozart, in his pursuit of music, identify with his father (aggressor), but, in addition, he sought to outdo him, to win this vital competition. In order to do this, he had to be not merely a musician like his father, but a greater and more productive musician. Thus his insatiable urge to compose, thus the driven and compelling nature of his creative activity.

A curious fact about Mozart's creative activity leads us to further speculation. It has frequently been noted that Mozart (not to mention other composers) wrote some of his gayest, brightest, most beautiful and cheerful music during periods of his life that were, to say the least, trying. In this fact can be seen striking confirmation of Lee's theory of creativity and of Róheim's and Sharpe's conceptions of the function of sublimation. The depression Mozart tells of having suffered during these periods⁸ was accompanied by outbursts of creative activity, in which he sought unconsciously to restore the infantile situation of complete bliss at the mother's breast, much as, Freud tells us, we all do when we resort to wit and humor: 'The euphoria . . . is nothing but the state of a bygone time . . . the state of our childhood in which we did not . . . need humor to make us happy' (13). In these depressions Mozart had turned his destruc-

⁸ 'If people could see into my heart, I should feel almost ashamed. To me everything is cold as ice . . . everything seems so empty' (September 30, 1790). ' . . . a kind of emptiness . . . a kind of longing . . . which increases daily . . . ' (July 7, 1791). (3, p. 69.)

tive rage inward. Unconsciously the rage was equated with his aggressive impulses toward his father. By diverting his aggression into creative work, and by restoring the hated object by means of musical creation, he unconsciously denied his hostile impulses toward his father, thus allaying the danger of castration, and regained the approval of the maternal elements of his superego.

CONCLUSION

The study of Mozart's creativity confirms and provides a partial synthesis of published theories of sublimation. Some sources of Mozart's creative impulse are traced. Motivations are presented to account for his need to create, for certain aspects of his work, for the tremendous pressure his muse imposed upon him, and for their functions in terms of psychic economy. But these leave unexplained the peculiar greatness of Mozart's music. Lee (14) serves us here, in part, by equating the achievement of beauty in art with the symbolic restoration of the ambivalent object in idealized form.

Perhaps the answer to this question lies, as Freud suggested, outside psychoanalysis—in the realm, perhaps, of Gestalt psychology, which will explain Mozart's superior capacity for combining tones into organized, meaningful patterns of sound, or yet of the geneticist, who will demonstrate the hereditary transmission of Mozart's innate talent. For such or other contributions we may devoutly hope. Meanwhile, we must be content with having found in the life of one great artist data which throw light on the problem of artistic creation, and with having suggested some of the necessary if not wholly determining factors that made Mozart the man he was, and the artist whose music we can but hear with wonder, admiration, and delight.

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ON THE VALUE OF ONE OR TWO INTERVIEWS

BY LEON J. SAUL, M.D. (PHILADELPHIA)

A woman of thirty suffered from severe hypochondriacal ideas for as long as she could remember. She had all sorts of fears that she had some dire illness, usually a belief that she had cancer; and the slightest symptom or injury was always a life-threatening condition. She was terrified of dying. In part she could not help being fully convinced that she was suffering from the hopeless condition, but part of her ego always realized that it was not fully true.

She consulted a psychiatrist only when she was offered a good position in a remote area, believing this was her last opportunity. She was seen twice with an interval of three weeks between the visits.

During the first interview the main dynamics could be clearly discerned. She was raised in a family of such excessively high ideals that, though scarcely ever mentioned explicitly, they permeated the entire manner and atmosphere of the household, exceeding any standards with which a child could comply. Failure nevertheless produced shame, and the rebellion was entirely repressed and produced guilt. The guilt and the hostility repressed and turned upon herself were the main sources which activated her symptoms. Her death wishes against her parents were turned into death impulses against herself.

The patient was tremendously relieved in this one interview. She was made to realize that the family standards were too high for anyone to live up to; hence the guilt and shame for her common human shortcomings were unnecessary. She realized, in fact, that she was a very superior person as to character and ideals. She was also relieved to learn that her rebellion was not unjustified; moreover, she could now understand the rational emotional basis for her wanting to leave the family and go to distant parts. These insights undermined her sense of the reality of her symptoms and made her see much more clearly how her beliefs in the afflictions she diagnosed in herself were only the resultants of other forces.

This was put to the test unexpectedly about ten days after the first interview when a physical condition developed which might

have been a malignancy but proved not to be. Instead, as in the past, of going into a panic of fear, the patient was able to realize that her fears were predominantly manifestations of inner conflicts and she behaved with admirable maturity and rationality during the two trying days before the diagnosis of a minor condition was made.

At the second interview she said she wondered what could be accomplished in another interview since she had a bird's-eye view of the whole problem during the first one. She did ask, however, if there were any purely conscious procedure by which she might combat her hypochondriacal beliefs if they should arise when she was far away in her new position. She herself had begun to use the method of reacting each time her fears became intense by consciously forcing herself to dwell upon how good things would be in her new situation on her own. It was suggested that she might, if the symptom arose, look for the emotions which generated it. The hypochondriasis fluctuated. If she were fairly free of anxiety during the day, for example, and noticed in the middle of the afternoon that she was worried lest a minor symptom represented a malignancy, she might then skim back during the day for any situation which might have generated certain feelings, particularly hostility and guilt. These might arise from one of the following.

1. She anticipated missing her home and the contacts in the area in which she had lived her entire life and felt that she might be somewhat homesick when alone. She did not know that any unsatisfied wish—in other words any frustration—generated a certain amount of anger, and that this anger was apt to be important in generating anxiety and other symptoms. When this was pointed out she reacted to this strongly with a burst of insight, and said that one of the things on her mind was how angry she could be when there was no one with whom she could justifiably be angry. Her high standards required very good reason for any anger. It was a new idea to her that she might be angry from homesickness, even though there was no one to blame, and for this very reason the anger might be repressed and turned against herself in the form of her favorite symptom. Each person has certain favorite symptoms, which are the usual methods of taking care of his undischarged emotions.

2. At the other extreme, she might find that during the day she had openly vented her anger in some situation or in some way to which she would later react with guilt, producing her symptom.

3. Intermediate between the extremes of entirely repressed hostility or openly vented hostility with consequent repressed guilt, the hostility might be felt but not openly expressed.

4. In addition to understanding her reactions to her family, we discussed the fact that hostility and guilt could cause the symptom simply as a dynamic force, even though directed toward objects other than her parents; thus, in a new situation she might become angry because of the usual frustrations of life quite apart from any communications from her parents, and anger and guilt in these situations could also generate her symptoms.

Without going into every detail, this patient was given insight into the dynamics underlying her symptom, and was thereby given a key to the handling of future difficulties. To be forewarned is to be forearmed. She reacted to this by being almost exultant over her newly achieved knowledge and over the confidence which it gave her in facing her projected venture. She was quick to sense that by deflecting her attention from the hypochondriacal anxiety to the emotions which underlay it, she was dealing with the main issues, and had a nucleus of insight which gradually with life experience would grow. Thus, to this small extent in only two interviews, separated by three weeks, she achieved a confidence which to some extent reopened her potentialities for emotional development, and she could be expected to make her separation from home a much more maturing experience through knowing in part what it meant unconsciously to her.

Certainly this is a person who should have systematic treatment if it were practicable. One year later, however, she has remained appreciably helped, prophylactically at least. This case is selected to illustrate the value of two interviews, if the case is suitable, and if the analytic interpretation is accurate and sharply focused upon the central issues.

WOOD AS A BISEXUAL SYMBOL

BY LEON J. SAUL, M.D. (PHILADELPHIA)

Freud found that wood is usually a maternal symbol (*materia=mater*), and that trees are often phallic symbols.

A young male patient late in his analysis dreamed of soldiers going through a woods. In his associations he identified himself with the soldiers. That they were foreign, he associated with passive anal homosexuality and with revenge by passive resistance, or by feminine techniques, like Delilah. Going through the woods recalled his heterosexual relations, and the woods recalled early memories of sleeping in the parents' bedroom, hearing sounds, being afraid of the dark, and of curiosity about the female genital which he spontaneously felt the woods represented. But to the trees he associated the phallus, again in connection with the primal scene. In this instance then, the woods was a neat bisexual symbol, a condensation of the genitals of both sexes and, in a more hidden form, of the primal scene.

BOOK REVIEWS

SIGMUND FREUD: HIS EXPLORATION OF THE MIND OF MAN. By Gregory Zilboorg. New York: Charles Scribner's Sons, 1951. 132 pp.

This small volume is one of a series published as the Twentieth Century Library, the individual titles being the names of such men as Joyce, Darwin, Einstein, Shaw, etc. It is addressed to the enlightened lay public and is designed to show Freud's influence upon and place in our world. It was not the intention of the publishers that this be a biography. The author deals 'with the problem of the essence and the strength of psychoanalysis, the influence of which is now felt in science and literature, in religious discussions, and even in the clinical work of the internist and the surgeon'. This necessitates a review of the misunderstandings concerning it, of the rejection of it by some and the disappointed hopes of those who expected too much, of the services it has rendered and of the accomplishments which reasonably may be expected of it in future. Just because its approach is from the level of meaning rather than content this concise presentation should prove of real interest to psychoanalysts, for the historical perspectives are developed with fine scholarship and the author's gift for reaching to the core of significance in Freud's discoveries gives great vigor to the book.

The author gives a brief chronology of the turning points in Freud's life, a simple picture of his character and personality and the essentials of his discoveries and theories. He points out, 'it was *not* the unconscious that Freud discovered, but its power to hold us in its sway . . . it was the *dynamic power* of the unconscious' that was the discovery. 'As soon as he gained his first insight into the unconscious, he began to seek for methods which would enable him to weaken its power.' His method involved the use of intuition, by means of the unconscious of the observer.

After a glance at the influence of psychoanalysis on literature, Dr. Zilboorg proceeds by way of Zweig's bitter complaint that psychoanalysis can 'give knowledge [but] has no place for faith' to consideration of the relationship between psychoanalysis and the problems of value, faith and religion. He holds that Freud, 'when he

equated superego and conscience—touched definitely on a problem of moral philosophy and possibly religion—and thus made a momentary excursion or raid into a field which lies totally outside psychoanalysis'. Surely we must agree that it can not be expected of psychoanalysis to establish a new faith, but the delineation which follows of a sphere for the theologians (religion) and a sphere for psychoanalysts (psychology) will unquestionably meet with a certain resistance on the part of those who feel that the study of totems and taboos, of mythology, of comparative religion and the deepest strata of the mind of modern man in various cultures demonstrates that matters of the spirit may not be beyond the realm of psychological explanation. The superego in its judicial function, as conscience, does not attempt to create values, but as an introject contains implicitly, for better or worse, the values of the whole cultural development of mankind. Can any value be absolute beyond its psychological genesis? The question of the 'origin of conscience', in the race-historical sense, can not be resolved by anything we can say today about the superego, but it can hardly be any more inaccessible to the methods of science than, say, the problem of the origin of life.

However reluctant some of us may be to forego our narcissistic gratification to 'determine' God, we cannot but be grateful for Dr. Zilboorg's gentle reminder of the practical limitations of our omniscience. There is no implication that religion may contribute to our science, but it is heartening to know that psychoanalysts are coöperating to make the discoveries of Freud available to the theologians. The cultural value of the doctrinaire bigot is not to be compared with that of the man of good will, and if the breach between psychoanalysis and religion can be closed our debt to Dr. Zilboorg and those others working toward this end will, indeed, be great.

In psychoanalytic training we sometimes speak of the duty of the teacher-father to permit his student-son to grow up. It is unfortunate that the reciprocal of this obligation is so often spoken of with bitterness. This need not be the case here, for it is clear throughout that the student, Zilboorg, has no other wish than, with mature respect, to permit the teacher, Freud, to remain just what he was: a scientific genius and a man of good will.

WILLIAM G. BARRETT (SAN FRANCISCO)

COLLECTED PAPERS ON PSYCHO-ANALYSIS. By Ella Freeman Sharpe.
London: The Hogarth Press and The Institute of Psychoanalysis, 1950. 280 pp.

Ella Freeman Sharpe is already well known to the psychoanalytic public for her work on dream interpretation. Under the title, *Collected Papers on Psychoanalysis*, Dr. Marjorie Brierley has edited and presented in book form twelve contributions, which, with the exception of the unfinished paper on Hamlet, have already appeared individually in print over a period of some twenty-two years, from 1925 to 1947. Their publication in this form is not only a tribute to the memory of the late Ella Freeman Sharpe, but, as Dr. Jones puts it in his preface, 'a very valuable addition to psychoanalytic literature'. Miss Sharpe's outstanding gifts as a teacher, her rich and varied clinical experience, and her deep appreciation and knowledge of English literature are reflected in the grouping of the papers into three sections, dealing with Technique, Theory, and Literary Interpretation.

The core of the section on Technique is a series of seven lectures delivered to students at the Institute of Psychoanalysis in London, and published in 1930 in the *International Journal*. These lectures were envisaged therefore as part of the general training program, not as a comprehensive work on the subject. (The date of publication must be borne in mind, as precluding discussion of more recent advances in ego psychology.) They discuss such topics as the general analytic task, mechanisms of defense, management of transference, countertransference, handling of resistances, anxiety, variations of technique in different neuroses, etc. It would of course be possible to take issue with Miss Sharpe on points such as the advisability of discussing 'transference surprise remarks' with students (p. 65), or the statement that 'interpretation of dream material particularly matters sometimes more for the analyst's narcissism than for the patient's progress' (p. 53); but no criticism can obscure the richness of clinical experience, the profound grasp of psychoanalytic problems, and the unusual ability not only to integrate theory and practice into a convincing whole, but to expound it clearly, vividly illustrated by a wealth of aptly chosen clinical material. Technique in Miss Sharpe's hands is alive and mobile, never a 'dead and rigid set of rules' (p. 10). She emphasized constantly that technique must come through 'inner knowledge, through

the analyzed unconscious' of the analyst (p. 104). In her own case, her 'inner knowledge' and mastery of theory have resulted in a series of papers which after twenty-one years remain invaluable to the student of analysis, and of lasting, stimulating interest to the more experienced analyst. It is a great pity that Miss Sharpe's death prevented the completion of a projected book, *Talks to Students of Psychoanalysis*, of which the first chapter, *The Psychoanalyst*, appears in this section.

In reading through Miss Sharpe's papers, one is struck by two fundamental qualities of her work—growth and integration. Her thought evolves in depth and scope, while her interests in theory, in practical clinical work, and in various aspects of art and literature are constantly interwoven and show extraordinary consistency in their development. This is particularly noticeable in the papers on *Theory and Literary Interpretation*. The early work on *Certain Aspects of Sublimation and Delusion* (1930), advanced the hypothesis that 'art is a sublimation rooted in the primal identification with the parents. That identification is a magical incorporation of the parents, a psychic happening which runs parallel to what has been for long ages repressed, i.e., actual cannibalism' (p. 135). Similar and *Divergent Unconscious Determinants Underlying the Sublimations of Pure Art and Pure Science* (1935) continues this trend of thought with the assertion that the divergent mechanisms underlying science and art are those of projection and introjection; the scientist dealing with his problems in terms of the external universe (thought process), the artist in terms of himself (bodily process); that these mechanisms are methods of dealing with a common problem—the preservation of the good object and the self from the aggressive fantasies of infancy, due to internal and external frustration, this frustration being experienced at oral stages, when self-preservative and libidinal desires were inseparable. This paper especially shows the impact of Kleinian concepts. (Incidentally a short note on *The Magic of Names* [1946], suggests that the terms 'good object' and 'bad object' are unscientific, and have a moral connotation.) Miss Sharpe's fully developed views on Sublimation and the Creative Artist are found in the *Unfinished Paper on Hamlet*, where she wrote: 'Sin and repentance are not the dynamic powers which initiate and maintain sublimation. The dynamic power is libido, operating through the libidinal wishes frustrated prior to the latency period' (p. 263). She further maintained that 'My impression is that the surge of thwarted genital impulse and

desire at the œdipal climax, reanimates pregenital drives and imparts to them something of the creativity which is the specific attribute of genitality. They are not in themselves the stimulus to sublimation, but are galvanized to a creative outcome by regression' (pp. 263-264).

In 1940 came the interesting work, *Psychophysical Problems Revealed in Language—an Examination of Metaphor*, which stresses the dynamic significance of unconscious fantasy, and the repetition of early infantile experience in later phases of life. Bodily function with the accompanying affect in early infancy and childhood are expressed later through symbol and metaphor. 'A live metaphor reveals a past forgotten experience and this was originally a psychophysical one' (p. 156).

Meantime her first papers on *Literary Interpretation* had appeared. Francis Thompson: *A Psychoanalytic Study* (1925) gives perhaps most scope for Miss Sharpe's own considerable literary talent. Her analytic probing of the 'secret subterranean passages between matter and soul' (p. 183) is subtle and profound. Thompson's life and poetry are presented as an expression of libidinal fixation at the oral level, of initial joy in gratification at the breast, and of the sorrow of deprivation.

This paper indicates the direction of her subsequent work on Shakespeare. In *The Impatience of Hamlet* (1929), Miss Sharpe develops some aspects of the œdipal conflict described in Dr. Jones's well-known essay, and integrates into the study of Hamlet's character the work of Freud and Abraham on Mourning and Melancholia. She maintains that the marked sadism of Hamlet's superego produced an urgency and precipitation of action which made the play a tragedy of impatience and not of procrastination. It is when Miss Sharpe makes the assertion that 'one needs to think in terms of the creator, not in terms of Hamlet' (p. 205) that she branches off into her most original work—the study of Shakespeare as revealed in his plays. The link with the first paper on Sublimation and Delusion is clear. Hamlet becomes the expression of what Shakespeare might have been if he had not written the play and 'having externalized and elaborated the inner conflict on his father's death, kept the course of sanity' (p. 213).

The paper, *From King Lear to the Tempest* (1946), shows how the scope of the Shakespeare*study has been widened. Miss Sharpe postulated that *The Tempest* was the psychological sequence of *King Lear*, and that both plays were linked together in a cycle of

inner experience of manic-depressive character, which seemed to her to be characteristic of creative artists. In *King Lear*, Shakespeare dramatizes the conflict of his childhood and infancy, and his complex emotional reactions to his parents. It has been said that Miss Sharpe knew her Shakespeare as a devoted priest knows his Bible. She had more than an acquired facility for apt quotation. She possessed an almost detective flair for sensing the inner meaning of word, action, and gesture. Whereas Shakespearean critics in the past have been content to bemoan the lack of biographical material, Miss Sharpe has been able to throw some light on much of the early life of Shakespeare which had remained obscure for some three hundred years. In the absence of corroborative analytic material, the application of Miss Sharpe's concept of the imagery of everyday speech and poetry as an expression and verbal repetition of an early, forgotten psychophysical experience is not without danger. Miss Sharpe, however, was well aware of the pitfalls, and was careful to back up her deductions with convincing evidence and psychoanalytic cogency. Facts are not forced. Such deductions as are made are perfectly compatible with the accredited facts of Shakespeare's life; e.g., that the stimulus for regression in the poet's maturity which produced *King Lear* was the reactivation of the unconscious incest wishes toward his daughters, the buried hostility toward the father being transferred to the sons-in-law; or that the reinstatement of Prospero marked the re-emergence from depression. Details such as the childhood experiences at the pregnancies of his mother are worked out with great psychological subtlety.

At the time of her death, Miss Sharpe was engaged on a study, *The Cyclic Movement in Shakespeare's Plays*, a work of which *King Lear* to *The Tempest* was to be a chapter. Dr. Brierley's careful editing has salvaged some material from the notes, which shows the scope and direction of the undertaking. It is to be hoped that the scheme which Miss Sharpe outlined may be continued by other workers.

A review of a book of this nature must of necessity leave many topics untouched. But perhaps enough has been said to give some indication of the wide field of contribution of this exceptionally gifted lay analyst. The present volume is another valuable addition to the International Psychoanalytical Library.

ALEXANDER BROMLEY (NEW YORK)

CLINICAL STUDIES IN PSYCHOANALYSIS. By Sandor Lorand, M.D. New York: International Universities Press, Inc., 1950. 272 pp.

Fifteen psychiatric papers published in various technical journals between 1928 and 1948, and three chapters from the author's book, *The Morbid Personality* (New York: Alfred A. Knopf, 1931) make up this volume. Much of it will be familiar to readers of psychoanalytic journals of the past twenty years.

To republish, without editing, such a series of papers is a bold undertaking. The critical reader inevitably follows the chronology for evidence of change of point of view and the personal development of the author. Such a volume is by no means the equivalent of an autobiography, but this reviewer picks 1939 as a turning point for the author. Of the papers published before this date, only *A Note on the Psychology of the Inventor* (1934) is of comparable quality to the majority of those produced in 1939 and thereafter.

The first paper, *Fetishism in Statu Nascendi* (1929), describes a little boy of four who constructed a 'fundamental fantasy of endowing the mother with a penis'. This, the author states, accomplished 'the rejection of the vagina . . . and with it the vaginal childbirth theory' (p. 20). The child is described as precocious, but even so this seems a tall order for a boy of less than five years. Would it not be adequate to content one's self with the hypothesis that the child rejected the idea of the *absence* of a penis?

The second paper, *The Mantle Symbol* (1929), is based upon the assumption that a coat can be regarded as the equivalent of the 'original covering of the body (the first coat), the hair' (p. 25). There are some interesting clinical observations on hair, but the thesis is at best a tour de force.

The other papers published prior to 1939 show similar loose thinking. The author tends to jump on his theoretical horse and ride off in all directions. There is uncritical acceptance of contradictory points of view. Theory is administered by shotgun prescription to forestall possible criticism of incompleteness. There is at times an unfortunate tendency to 'sell' psychoanalysis, a hucksterish quality of too ready generalization, too certain assurance of success. The glibness of many statements is often maddeningly compounded with *non sequiturs*.

The most disconcerting statements in the book appear on pages 110 and 111, where Dr. Lorand reports his technical handling of

patients whose habits clearly 'were intended to irritate the analyst'. He states that it was necessary to meet these attitudes 'with frank annoyance' so as not to confirm the patients' suspicions 'that the analyst was not trustworthy, not truthful, and did not say what he thought nor show what he felt'. How far would he advocate an analyst should go in expressing his emotions? Should he also declare his sexual responses? Such 'acting out' on the part of the analyst was not acceptable in 1937, when this paper was first published, nor is it today.

The later papers are more mature, better organized and less pretentious. The author's gift for penetrating, vital, clinical characterization comes more to the fore. Even when leaning strongly on theory, as in *Contribution to the Problem of Vaginal Orgasm* (1939), the author works more soundly. Although of this paper it might be said that he rushes in where only female analysts, and a rather limited group at that, have dared to tread, and makes rather positive statements about a 'period which Freud calls "dim and shadowy"' (p. 156), his lighting is restrained and not suddenly too bright.

The *Comments on the Correlation of Theory and Technique*, which appeared in this *QUARTERLY* in 1948, is a superior job. Here he not only advocates but, for the first time, openly criticizes. His conversance with the literature is enhanced by assurance of his competence as a clinician, without the need to bow to every segment of the spiral of theory. It can fairly be said that Dr. Lorand's book is not only worthy to be dedicated to his great teacher, Sandor Ferenczi, but is also evidence of creditable personal achievement.

WILLIAM G. BARRETT (SAN FRANCISCO)

DE LA PRATIQUE À LA THÉORIE PSYCHANALYTIQUE (Psychoanalytic Practice and Theory). By Dr. Sacha Nacht. Paris: Presses Universitaires de France, 1950. 165 pp.

The eight papers collected in this volume, which include two very good, brief case presentations, are entitled: *Role of the Ego in Psychoanalytic Therapy* (a report given in 1939 at the First Franco-British Reunion of Psychoanalysts), *The Role of the Ego in the Structure of Character and Behavior*, *Psychoanalytic Observation of a Masochistic Character*, *The Clinical Manifestations of Aggression and Their Role in Psychoanalytic Treatment*, *Introduction to*

Psychosomatic Medicine, Remarks on the Cure of an Organic Neurosis by Psychoanalytic Treatment, The Psychoanalytic Therapy, and Reflections on Transference and Countertransference. Some of these articles were written for the nonpsychoanalytic public and the others for analysts.

The book as a whole reveals the clinical and therapeutic experience of its author, who is one of the leading psychoanalysts in Paris. As to the theoretical formulations, of which this volume contains fewer than might be inferred from the title, this reviewer wishes to draw attention to one original viewpoint advanced by the author. Nacht considers the aggressive drive to be the main pathogenic factor. According to him, even libidinal conflicts acquire their pathogenicity only through the addition of elements of aggression. Unfortunately, however, he gives no reasons for this opinion nor does he support it by clinical material.

Without any doubt the last chapter, a paper on transference and countertransference read by the author at the Congress of the International Psychoanalytic Association in Zürich in 1949, is the most interesting. It is characteristic of a trend of which there have recently been some examples also in this country. Discussing the handling of cases in which the transference—or certain forms of it—becomes an obstacle to the termination of treatment, Nacht expresses the belief that in some of these cases it is necessary to take recourse to a wider spacing of sessions and to make the patient aware that the analyst is 'a man among men and not a semi-god or magician'. However, he states that he does not follow the procedures proposed by Alexander and French, but that he uses the customary methods of analytic therapy. As a matter of fact, the methods he advocates are derived from the advice given by Freud that a term be set for the duration of analysis in certain cases of obsessional neurosis; they are also connected with Freud's recommendation for overcoming the defenses in cases of phobia by advising the patient to expose himself to the dreaded situation in order to be able to analyze it. To some extent Nacht's interventions (which, like some other analysts before him, he places under the heading of 'weaning') are part of the rule of abstinence. However, it is to be regretted that this paper contains no explicit reference to the procedure which, according to him, convinces the patient that the analyst is 'a man among men', nor to the role played by interpretation in his technique of terminating the analysis. This reviewer entertains no doubt that Nacht,

who is a brilliant clinician, must be aware of the importance of these points; but some readers may feel dissatisfied because he has not discussed them here.

The book is a very clear and comprehensive presentation of important aspects of psychoanalytic therapy. It is very well worth reading, both for the beginner and the most experienced analyst.

RUDOLPH M. LOEWENSTEIN (NEW YORK)

CHRISTIANS AND JEWS. A Psychoanalytic Study. By Rudolph M. Loewenstein, M.D. New York: International Universities Press, Inc., 1951. 224 pp.

This book is an examination of the historical and cultural roots of anti-Semitism. The word is a comparative newcomer to the lexicon, but the social malady which the word connotes is ancient and persistent and shows few signs of abating. The symptoms need no description and, as Dr. Loewenstein states, they display 'a monotonous uniformity' so that the prejudices of the modern anti-Semite are little different from those of his medieval counterpart—just as the image of the 'accursed Jew' has changed but little with the passing of the centuries.

Concisely stated, the author's theme is that anti-Semitism is intimately associated with the rise and development of the Christian religion: hence the title of the book. Jews and Christians form a 'cultural pair'. Despite the schism that separated Judaism from the new religion and the intolerance with which the Christians regarded their ousted rival, they are nevertheless mutually interdependent and linked by very intimate ties. While the Jews helped to beget the new religion, the attitude of the Christians has been markedly ambivalent to the Jews: even when persecuting Judaism it has at the same time ensured its survival, for the Jew is necessary to the Christian as a scapegoat. In the last resort the Jew is indicted for his participation in the death of Christ who, through his sufferings, took upon himself the sins of Christians and so became their Savior. Psychologically speaking, then, Christians, who thus benefit by Christ's death, must unconsciously rejoice in it. One way of atonement which lies open to the Christian is through the Holy Communion. But a more convenient way is to father the guilt onto the Jews. The next step is to project onto the Jews the secret sin of every Christian, viz.: that of unconsciously rejoicing in the

crucifixion of Christ. Thus the Jews are the carriers of the Christians' burden of guilt, the eternal scapegoat and in times of social stress a handy lightning conductor. The Christian, therefore, needs the Jew. Loewenstein effectively quotes Maritain: 'The passion of Israel is more and more clearly taking the shape of the Cross'.

The suitability of the Jew as a scapegoat is manifest. He is at one and the same time identified with the enemies of Christ and with the Jew, Jesus, himself. He is *par excellence* the eternal foreigner, 'the stranger within the gates'. 'The ghetto walls have a dual function': they protect the Jew and also segregate him. The Jew's suitability is further enhanced by his historical role of a 'chosen people', set apart from other men. The traditional image (or cartoon) of the Jew has been used for every type of projection: he can represent the superego, for he, too, is a son of God, at the same time he can represent the forces of the id, the personification of evil.

In passing one might ask: why is it that the Christians, of all people, should need such an abundant supply of scapegoats who shall be 'always available and always expendable'? To participate in the killing of a god is not the prescriptive right of Christian piety. Frazer regards the killing of gods as a frequent habit. May not the answer lie in the fact that the Christian, unlike the pagan whom he seeks to convert, is forced to submit to an impossible ethic—so much so that A. N. Whitehead once warned his readers that 'a literal adherence to the precepts scattered throughout the gospels would mean sudden death'? To pay lip service to an ideal that makes impossible libidinal demands and lays an interdict on all forms of aggression could be regarded as one of the major discontents of our civilization. In view of the exorbitantly high standard of living that his faith demands, the Christian, as it were, has compelled the Jew to pay his income tax for him.

But what about the victim of anti-Semitism? What has been the effect of centuries of ostracism and persecution on the psychology of the Jews? In their fight for survival the Jews have acquired certain neurotic traits which may have provided additional pretexts for persecution. Under the headings of Jewish Character Traits, Marginal Man, and Psychoanalysis of Jews, the author provides an excellent analysis of those traits which, while common to all human beings, have in the case of the Jew developed a special tinge owing to the defensive attitude he has had to adopt toward his Christian 'hosts'. 'Small wonder, then, that the fact of being Jews sometimes

weighs so heavily upon them that their one desire is to rid themselves of the stigma. The more neurotic may deny their Jewish origins in the face of the most palpable evidence to the contrary. Others may become pathologically anti-Semitic. Generally, however, the pendulum swings to the other extreme and they cling to their Jewishness.'

A study so profound as this inevitably raises many questions. Admitting the rivalry between the old and the new religions in which Christianity was an 'incomplete victor', the question arises as to whether there are not other elements that make for the antagonism. While Christianity was Jewish in origin, it appears to have been Roman in organization and most certainly Greek in spirit. It has remained a Western religion and for many years closely identified with that cultural unity we call European. But from the earliest days, certainly from the days of Aniochus IV, there is a distinct rivalry between the spirit of Judaism and that of Hellenism. In the heresies of the early Christian Church, as in Gnosticism, the rivalry becomes clearer. Christ may be the honorary life member of the movement but it is Plato who for the last thirteen centuries has dominated Western theology so that many of our modern churchmen are really neo-Platonists. Matthew Arnold quotes the contrast between Hellenism and Hebraism as representing the dualism in the history of Western civilization. Perhaps the answer lies in a more careful analysis of the complex character of St. Paul who, while a strict Jew, was also a member of the larger Hellenic brotherhood: Christianity is largely the gospel according to St. Paul.

Further, one is curious as to why and by what means this new religion came to be adopted by the Western world. Historians from Gibbon on have given their answer, but the question is still a mystery. Despite its protestations of being a gospel of universal love it is probably, as one of its great historians has observed, 'the most quarrelsome of religions'. It has singularly failed not only to oust its rival but also to subdue the forces of barbarism, and when force of argument has failed it has been only too willing to employ the argument of force.

Apart from the comprehensiveness of this study, the qualities that will commend this book to the general public are the author's humanity and his remarkable lucidity of style.

W. N. EVANS (NEW YORK)

JOURNAL D'UNE SCHIZOPHRÈNE. By M.-A. Sechehaye. Paris: Presses Universitaires de France, 1950. 133 pp.

This book¹ supplements—or, rather, complements—the author's earlier publication,² in which she reported the history and methods of her treatment of a case of schizophrenia in a young girl. Acquaintance with the first book will, therefore, contribute greatly to the reader's appreciation of the second.

The first and major part of the present volume consists of an 'auto-observation' by the patient, describing the beginnings of her symptoms, their development, her relationship to the therapist, and the success of the cure, as seen through the eyes of the patient. In the second part of the book, Mme. Sechehaye attempts a theoretical evaluation and interpretation of the case history.

The first part represents a unique document of exceptional value to every psychoanalyst and psychiatrist. The patient's descriptions of her symptoms, her anxiety, her depersonalization, and of her struggle against her delusions and hallucinations make fascinating reading. The same is true of her account of the transference during the treatment, the reasons for her relapses, the gradual achievement of therapeutic success, and her emergence from her delusions into reality.

The author's interpretation of the patient's psychosis is extremely interesting and provocative. To the psychoanalytic concepts which she uses, she adds ideas and concepts derived from the research of Jean Piaget. However, this reviewer believes that a complete understanding of the astounding wealth of material in this extraordinary case history still eludes us at the present stage of our knowledge.

The value of Mme. Sechehaye's work cannot be overemphasized. She devised a highly successful method of treatment (described more fully in *Symbolic Realization*) for her schizophrenic patient. It would be of great importance to apply this new method in other,

¹ Since this review was written, an English translation has been published under the title *Autobiography of a Schizophrenic Girl*. Trans. by Grace Rubin-Rabson. New York: Grune & Stratton, Inc., 1951. 161 pp.

² *La Réalisation symbolique (Nouvelle méthode de psychothérapie appliquée à un cas de schizophrénie)*. Supplément à la *Revue Suisse de Psychologie et Psychologie Appliquée*, No. 12, Édit. médicales. Berne: Hans Huber Verlag. Trans. by B. and H. Würsten: *Symbolic Realization: A New Method of Psychotherapy Applied to a Case of Schizophrenia*. New York: International Universities Press, 1951. 184 pp.

similar cases. Taking the two books as a whole, there are not many works in recent psychiatric literature that can compare with them in interest.

RUDOLPH M. LOEWENSTEIN (NEW YORK)

ANXIETY IN PREGNANCY AND CHILDBIRTH. By Henriette R. Klein, M.D., Howard W. Potter, M.D., and Ruth B. Dyk, M.S. New York: Paul B. Hoeber, Inc., 1950. 111 pp.

On their more or less regular visits at a prenatal clinic for routine checks, twenty-seven primiparæ were interviewed by a social worker. Through discussions, questionnaires, and careful observation during these visits, an impression was obtained about their current emotional states as well as their adjustment prior to pregnancy. Attention also was paid to their descriptions of physical changes and symptoms. During delivery the patients were observed by nurses and physicians, and one more interview took place a month later. The research was carried out in 1945 and 1946, i.e., during the immediate postwar period. All the women belonged to a low-income group. Many reported an increase in bad dreams and nightmares, or of previous neurotic behavior. A large number of them worried about their own or the baby's health, were pre-occupied, and revealed superstitions and an easy acceptance of false beliefs. Physical sensations were reported by many. On this the authors base their conclusion that anxiety exists during pregnancy. They classified the women as stable or unstable. As far as the delivery was concerned, four criteria were applied: good or bad labor and delivery, and good or bad psychological reaction. The findings showed that stable, mature women wanted their babies from the beginning, took the delivery well psychologically, and nursed their children. A considerable number of the women who had not wanted their children at the beginning of pregnancy accepted them toward the end, and only a few continued to reject them. It was found that the physiological progression of labor and delivery was not related to the psychological state, and that no prediction as to the type of delivery could be made from the behavior during pregnancy. The authors report that stable women may show poor psychological reactions during labor and delivery, regardless of a good physiological progression, and vice versa.

This reviewer regrets that the research was limited exclusively

to this particular group of women, and that it was only carried out during the immediate postwar period. The majority of the twenty-seven women had husbands in the service, or were unmarried and made pregnant by service men. The increase of anxiety in the cases presented might be explained by the increase of problems in the reality situation due to the pregnancy. Even without pregnancy, these women had ample reasons for anxiety. Unfortunately no clinical and psychological studies were included in the research to substantiate the findings of stability, instability, and anxiety. In this reviewer's opinion, a research of this kind only has validity when substantiated by thorough psychoanalytic studies. The topic of this investigation is a very important one; but due to the reasons mentioned, the content of the book fails to fulfil the expectations aroused by its title.

ELISABETH R. GELEERD (NEW YORK)

TEXTBOOK OF ABNORMAL PSYCHOLOGY. Revised Edition. By Carney Landis and M. Marjorie Bolles. New York: The Macmillan Company, 1950. 634 pp.

The first edition of this textbook previously reviewed in this QUARTERLY, in the words of the author 'has become outdated in five years'. Numerous advances in the fields of clinical psychology and psychiatry have been incorporated into this revised edition and, as before, in a cautious and sober manner. The section on psychoanalysis, previously characterized by glaring inadequacies, has been corrected to some degree, but is still grossly inadequate, particularly in the light of the admission that 'most of the explanations advanced in specialized psychopathological studies are phrased in the light of the concepts built up by Freud and his followers'. It still remains difficult to see how college students, for whom this book is intended, can derive any glimmer of understanding from an account which fails to be illuminated by convincing illustrations that can be derived from applying the rich insights of psychoanalysis. The section on the neuroses is pitifully meager. There is no change in the authors' sterile eclecticism. The style is dry and pedestrian. I fail to see how such a textbook, and there are too many like it, can satisfy the hunger of students for a vital, affective understanding of the vagaries of human behavior.

NATHANIEL ROSS (NEW YORK)

NEW DISCOVERIES IN MEDICINE. Their Effect on the Public Health. By Paul R. Hawley, M.D. New York: Columbia University Press, 1950. 134 pp.

In this little book the author takes 'a generous helping of a few delicacies' from the field of medicine and serves them in six lectures to an audience interested in the influence of new discoveries in medicine upon public health. Of these lectures, only Modern Prevention and Treatment of Mental Disease is of interest to readers of this journal.

In this chapter the author tries to cover the development of the treatment of mental diseases from Bedlam to thalamotomy. The author is of the opinion that psychiatry is to a certain degree an inexact science. He views the psychoneuroses and psychosomatic disorders particularly from the point of view of expense. The waste of money for their treatment and the shortage of psychiatric beds are indications to him of the need for national health insurance. He states with satisfaction that the recent, more intensive treatment of psychiatric patients has finally achieved a balance between the number of patients admitted and discharged from Veterans Administration Hospitals: 'approximately seventy-five percent of all new cases are discharged in good condition by the end of three months'.

It is worth while quoting what the author has to say about psychoanalysis. 'Like many other worthy techniques, its reputation has suffered through exploitation by incompetent and unscrupulous charlatans. In certain circles, made up of people with more money than brains, to be psychoanalyzed has become a mark of social distinction. Fashionable poseurs, some of whom have never had any medical training whatsoever, are plucking these shallow-brained geese for all the traffic will bear. In this racket, a foreign name and a foreign origin seem to be tangible assets of great value.'

To the nonmedical reader all chapters of this well-written book will be of interest.

FELIX DEUTSCH (BOSTON)

INTRODUCTION TO SOCIAL PSYCHOLOGY. By Otto Friedman. London: Sylvan Press Ltd., 1950. 220 pp.

This brief book is a masterly work of condensation. It is prepared in association with Ruskin College, Oxford, and is the work of a

former Czech scholar who is psychoanalytically oriented. (Friedman has published *Broadcasting For Democracy and The Break-Up of Czech Democracy*.) The recent spate of textbooks on social psychology enables one to appreciate by contrast the keen judgment which Friedman has exercised at every step. The four divisions of the book are progressive: the motives of the individual; social interaction; the psychology of groups; the essentials of rational action in society. The last section is usually neglected in the United States where policy thinking is less prevalent among textmakers.

The reading list is sound and the reference utility of the volume is greatly enhanced by an index of subjects and a glossary. Even in a short book of this kind I think that a brief résumé of the history of social psychology would be a useful addition. This is particularly true since many of the citations are from recent literature.

HAROLD D. LASSWELL (NEW HAVEN)

GROUP LIFE: THE NATURE AND TREATMENT OF ITS SPECIFIC CONFLICTS.

By Marshall C. Greco. New York: Philosophical Library, 1950. 357 pp.

This volume is remarkably well calculated to alienate its intended audience. The preface strikes a strident note: 'We hope this book is at least a mediocre attempt toward introducing an idea that will change the meaning of social and personality conflicts as radically as did Freud when he reported a hysterical symptom is effected by a motive and not a neutral [neural] mechanism or an inherently weak neurology'. The error is no doubt typographical, but weaknesses of 'neurology', like the infirmities of other 'ologies', including psychology, ought to be left at the door of the author, and not imputed to nature or left to the mistakes of assistants.

The following conveys something of the author's message and method: 'Once we began to think in terms of providing the client with assets or social avenues rather than dwelling on problems, we began paying a little more attention to ourselves and what we might be able to do. We saw that although we had the potentialities for doing much good our former orientation took us out of life and its resources. We now realize the importance of social connections, knowing individuals who wish to help or share something with another, e.g., employers, school teachers, card-club members,

politicians, and just *ordinary people*. If my capacity to aid my clients is limited today it is because I do not represent enough assets or avenues for providing for client-needs that are, today, cared for by a neurotic setting. The psychologist, then, must live effectively if he is to help his clients live effectively. He must get out of his ivory tower, put aside morbid topics and get into the stream of everyday life. He must get acquainted, increase his social significance' (pp. 296-297).

I suspect that the impact of this report would have been much greater if the author had not written it. His colleagues at the Michigan Center might well have taken his activities as the subject of study, and issued an account of what went on, by what methods, with what results.

HAROLD D. LASSWELL (NEW HAVEN)

EXPERIMENTS IN SOCIAL PROCESS. Edited by James Grier Miller.
New York: McGraw-Hill Book Company, 1950. 205 pp.

The scope of this book is correctly identified by the subtitle which refers to it as a Symposium on Social Psychology. Eight social psychologists, from various parts of the country, gathered at the University of Chicago in November 1947 where they reported and discussed the most recent work in the field of social psychology. Dr. Miller, the editor, felt that from time to time such accounting is necessary because at present we have approximately twelve thousand journals in the field, and in this country there are approximately twenty-eight thousand social scientists. Without claiming to be comprehensive, this book points out the most important aspects of recent developments in social psychology.

The contributors and their topics are as follows: Scientific Methodology in Human Relations by Donald G. Marquis, The Strategy of Sociopsychological Research by Ronald Lippitt, Laboratory Experiments: The Role of Group Belongingness by Leon Festinger, Survey Research: Psychological Economics by Dorwin Cartwright, Survey Techniques in the Evaluation of Morale by Daniel Katz, Field Experiments: Changing Group Productivity by John R. P. French, Jr., A Comparative Study of National Characteristics by Donald V. McGranahan and Ivor Wayne, The Implications of Learning: Theory for Social Psychology by James G. Gibson.

The ninth chapter is a round-table discussion by the members of the Symposium and Leo Szilard on social psychology and the atomic bomb.

It is impossible to review each article comprehensively. One might single out Katz's article in which he describes how we were able after the war to study the moral effect of the war and bombing in Germany. McGranahan's and Wayne's chapter is very unique. Valuable social traits were factored out by comparing German and American plays. A small sample of these plays from the period of 1909-1910 and the forty-five most popular hits in Germany and the United States during the late twenties and early thirties are analyzed and compared. This seems to be a very fertile and new approach toward some understanding of social characteristics of nations.

The round-table discussion on social psychology and the atomic bomb is of great interest and very acute. It is regrettable that the sentiments expressed are buried in books and not easily accessible to the general population.

ADOLF G. WOLTMANN (NEW YORK)

THE PSYCHOLOGY OF DICTATORSHIP. Based on an Examination of the Leaders of Nazi Germany. By G. M. Gilbert, Ph.D. New York: The Ronald Press Co., 1950. 327 pp.

It is easy to demonstrate the inadequacy of current methods of examination, of recording observations and their evaluation in this and similar contemporary studies of the world's most cruel and 'efficient' criminals. While the Nazi leaders, undergoing trial, were fighting to survive, at least in the memory of their people, the author asked them, for instance, 'Was Hitler a military genius?' 'How could you have committed that crime?' 'Why did you not resign?' and other questions which may be asked by a judge, but not by a psychological observer. They are as meaningless as if an anthropologist were to ask a cannibal why he did not react with symptomatic gastrointestinal conversions after a feast. The psychology of dictatorship as seen by the author is void of understanding or feeling for psychodynamic concepts. Persons like Herman Goering, Rudolph Hess, Councilor Von Papen, Minister Von Ribbentrop, Field Marshal Keitel, Colonel Hoess, and other Nazi leaders are diagnosed by the author and not meaningfully observed,

described, understood or interpreted. Occasionally he limits himself to the simple straight reporting of a man who naïvely and with shocked amazement was a bystander at the Nuremburg trials. The author was a representative, so to speak, of all the little people of the world, looking at the monstrous representation of crime on the bench of the accused, trying, with bewilderment, to understand them. Only a very few of the author's observations may be favorably compared with such historical documents as the report by J. R. Rees about the case of Rudolph Hess, or Trevor-Roper's factual account of *The Last Days of Adolph Hitler*. Goering's drug addiction and Hess's paranoia and fanatic devotion, Von Papen's almost catatonic detachment, Von Ribbentrop's unbelievable mediocrity are occasionally well documented. In such limited but straight eye-witness reports are found the best parts of the book. For instance, the profile of SS Colonel Hoess gives valuable information. This Colonel worked hard to step up the efficiency of his camp to handle two thousand executions daily, carefully working out the most efficient technique to use the victim's hair to stuff mattresses. He was commended by his superiors when he once disposed of ten thousand lives within twenty-four hours, while working at the extermination of two and a half million human beings. Many an observer, confronted with such people, reaches the limits of his psychological understanding. Even so, if one undertakes to observe and to report his observations, he should do better than to come to almost meaningless, flat, and inappropriate psychological conclusions.

MARTIN GROTHJAHN (LOS ANGELES)

MOVIES: A PSYCHOLOGICAL STUDY. By Martha Wolfenstein, Ph.D. and Nathan Leites, Ph.D. Glencoe, Illinois: The Free Press, 1950. 316 pp.

The cinema screen, according to this book, holds the mirror up to nature, to the unconscious conflicts and defenses of the audience. This assertion is demonstrated by analyses of the plots of American, British, and French films of A grade, over two hundred in number, released after 1945. Their themes, classified under Lovers and Loved Ones, Parents and Children, Killers and Victims, Performers and Onlookers, are interpreted in terms of psychoanalytic concepts,

and the characteristic ways in which each national group deals with emotional dilemmas are compared.

In explaining the purpose of this book the authors say '... where a group of people share a common culture, they are likely to have daydreams in common'. They quote the lines:

But when a dream night after night is brought
Throughout a week and such weeks few or many
Recur each year for several years, can any
Discern the dream from real life in aught?

Yet the authors conservatively correlate actuality and celluloid fantasy. Their statements are graded according to their degrees of confirmability. First, there are the assertions that certain defense mechanisms, as revealed in movie plots, are typical of particular nationalities; next, there are the '... guesses about the psychological processes of movie makers and their audiences to account for the emotional significance of recurrent themes'; and last, '... assumptions about real life patterns of American culture, and attempts to connect them with some of the movie themes and their emotional bases'.

We can follow with confidence the thinking of these authors, since they are armed with caution and self-criticism. Indeed we can go further than their observations and inferences and ask several questions. To what extent can distinctive characteristics of different groups be explained and defined in terms of defense mechanisms? To what extent could similar studies be used to further our understanding of other nations, more remote than the French or British, for purposes of collaboration or propaganda? Could other common daydreams be used for the same purpose with comparable validity? Or, one could ask, as did Dr. Róheim in a private communication, 'To what extent can moving picture plots, synthetic concoctions of professional writers, be compared as cultural criteria to folklore and myth, the spontaneous expressions of unconscious recollections of early life?'

This book is very readable. Mention of incidents in familiar film plots evokes pleasant memories. The style is succinct without dryness, and lucidly descriptive without verbosity.

THE PSYCHOANALYST AND THE ARTIST. By Daniel E. Schneider, M.D.
New York: Farrar, Strauss and Co., 1950. 306 pp.

This book, addressed primarily to intelligent laymen interested in the arts, is a serious attempt at a solution of some of the many problems of æsthetics, art, and psychoanalysis. It contains a general theoretical discussion and special essays about the works and personalities of certain artists. The lay reader is given an excellent introduction to certain segments of psychoanalytic theory, particularly dream work and the œdipus complex.

The author follows Freud in likening artistic creation to dream work. He conceives the preconscious as the doorway through which the unconscious is thrust to be transformed by the technical tools of the artist and then presented to the world in a special way. The author employs the terms 'creative thrust' and 'creative mastery' to indicate the powers of the unconscious instincts and the constructive powers of the conscious ego. The author believes, as did Freud, that the essential artistic gift is a constitutional predisposition, and that there is a closely related flexibility of repressions which facilitates access to the unconscious, making the latter available for recapture and transformation into artistic products. These, if successful, evoke universal identifications. The essential artistic gift is this possibility of the transformation of the unconscious. Taking Freud's discussion of form in art, wit, and the comic as a starting point, the author discusses the problem of content versus form. The power of transformation of the unconscious is form. In psychoanalytic terms this identifies the primary process as the determinant of artistic form. This concept of form omits the relation of form to the degree of the ability of the ego to master aggressions as well as the problem of flight from affect or from content which might have an obsessional or a schizophrenic quality. The author believes that artistic mastery of form is inherited, although preponderantly by males. Western music is given as an example in which form is predominant, and composers almost universally men.

Illuminating and often brilliant insights with illustrations are given of Delacroix's grasp of the unconscious as the source of artistic imagination, Joyce's musicality and mastery of form, the preoccupations of Chagall and Picasso with the œdipus and rape, and Arthur Miller's preoccupation with the problems of the younger brother.

Some faults of this book are a tendency to neologisms where conventional psychoanalytic terms would have sufficed, the omission of primitive and religious art, and of the magical functions of art which are depreciated. Sublimation is scouted. Dr. Schneider maintains that artistic predisposition is combined with great capacity for object love. This reviewer cannot agree. In fact, some of the biographical essays contradict the author's theoretical position. * The author attributes to the artist a much greater degree of conscious awareness and better object relations than he seemingly possesses. The author loves his artists. If he errs on the side of crediting them with greater love of humanity than they appear to possess, it is only because, being himself an artist, he wishes that the world and its artists were better than they are and tries to make them so.

SIDNEY TARACHOW (NEW YORK)

ABSTRACTS

International Journal of Psychoanalysis. XXX, 1949.

Sándor Ferenczi, Obiit 1933. Michael Balint. Pp. 215-219.

According to a footnote, this paper is based on a paper read to the British Psychoanalytic Society on May 5, 1948, on the occasion of the fifteenth anniversary of Ferenczi's death. Balint inserts in his commemorative address reviews of Ferenczi's first and last Congress papers (*Psychoanalysis and Education*, 1908, and *Confusion of Tongues Between Adult and Child*, 1932) which at that time were not translated into English.

Balint begins his paper by stating that 'Ferenczi's was a tragic fate. . . . Let us follow Freud's example, who compared Ferenczi with Abraham in his obituary note on the latter.' Actually, Freud wrote: 'So high a place had he [Abraham] won for himself that, of all who had followed me . . . there is only one whose name could be put beside his'.¹ Balint goes on to say, 'With Abraham nothing ever went wrong.[!] He was a born president. . . . His theories were universally accepted, have been quoted correctly. . . . Ferenczi was seldom studied thoroughly, seldom quoted correctly, was often criticized, more often than not erroneously. More than once his ideas were rediscovered later and then attributed to the second discoverer.' We have to ask: is not this rather the common than the tragic fate of every original, ingenious thinker? Does not the same hold true for Freud even today?

Balint then sets out to look for the internal causes of the 'tragic fate' in Ferenczi's personality. His whole argument is naïve and full of contradictory statements. This is his conclusion: 'I think this was the insurmountable barrier separating Ferenczi from his colleagues. Freud and Abraham were essentially mature adults. Ferenczi, in spite of his profound insight, of his many-sided talents, his unsurpassed qualities as a clinical observer, and his unbounded scientific fantasies, was essentially a child all his life.'

For those who might be misled by Balint's statements, we quote Freud: 'The sure feeling of belonging together remained undisturbed . . .'.² 'One puts aside the little book [*Thalassa: A Theory of Genitality*] with the conclusion: that is almost too much for one time, I will read it again after a while. And this was not only my experience.'³ And Ernest Jones: 'Though sensitive to the opinion of others, he [Ferenczi] was the sternest critic of himself and his work. . . . Many of Ferenczi's most original and valuable contributions are now so generally accepted as axiomatic that one is apt to forget their source.'⁴

¹ Int. J. Ps., VII, 1926.

² Int. J. Ps., XIV, 1933.

³ *Ibid.*

⁴ *Ibid.*

Psychoanalysis and Education. Sándor Ferenczi. Pp. 220-224.

This paper is an English translation of Ferenczi's speech delivered in German at the First Psychoanalytic Congress, held in Salzburg in 1908. It was published only in Hungarian, first in a medical magazine (*Gyógyászat*) in 1908, then in the book *Lélekelemzés* (Psychoanalysis) together with other psychoanalytic papers by Ferenczi, in 1909. It includes two appendices, undated, which must have been added to the original paper somewhat later.

The main paper is a bold protest against 'inappropriate pedagogical methods and theories. . . . Clinging to meaningless religious superstitions, to the traditional cult of authorities, to obsolete social institutions is a pathological phenomenon. . . . Leaving children alone during the most violent crisis of their sexual development, without support or instruction, explanation or assurance, is cruel. . . .' At this early date he advises against overpampering or too severe punishment. He also explains the meaning and possible consequences of repression.

In the first appendix he supplements his former comments on repression with well-chosen comparisons. The second appendix is an advocacy of psychoanalysis. To this end he includes a picture of a person who underwent psychoanalysis from which we quote because in it Ferenczi involuntarily revealed some facets of his own personality. 'A man with true self-knowledge becomes modest—apart from the exalted feeling created by this knowledge. He is lenient toward the faults of others, willing to forgive; moreover, from the principle "*tout comprendre c'est tout pardonner*" he aspires only to understand—he does not feel justified to pardon. He analyzes the motives of his own emotions and thereby prevents their degeneration into passions. He watches with cheerful humor the human groups fighting under various banners; in his actions he is not led by loudly proclaimed morals, but by sober efficiency, and this incites him to watch over and to control those of his wishes whose gratification might offend the rights of other men without, however, denying their existence.'

Ferenczi met Freud personally only a few months prior to the Salzburg Congress but he was already well acquainted with Freud's writings. Having been a neuropsychiatrist for a decade, he recognized the tremendous significance of Freud's discoveries. His admiration for Freud's genius was obvious. This paper was not merely an echo of Freud's open letter on Doctor Fritz (1907), but a courageous challenge to the medical world of Hungary which had unequivocally rejected psychoanalysis.

Confusion of Tongues Between the Adult and the Child. Sándor Ferenczi. Pp. 225-230.

The original title of this paper was announced as *The Passions of Adults and Their Influence on the Sexual and Character Development of Children*. It was Ferenczi's last congress paper, read in 1932, and is a short extract of his carefully weighed views on the important role which adults play in the child's development.

Adults, not infrequently the parents themselves, can traumatize the child by subjecting him to one or more of three different attitudes: 'the passionate love', 'the passionate punishment', and 'the terrorism of suffering'.

The passionate love of the adult will all too frequently lead him to misuse the child for his own sexual gratification. Ferenczi emphasizes the fact that such abuses in childhood are not always just the fantasies of hysterical patients. Patients whose complete confidence had been won were able to 'establish a contrast between the present and the unbearable past', and by so doing could re-experience the past as an 'objective memory' rather than as a hallucinatory reproduction. Furthermore, patients in analysis often confess their sexual attacks on children.

The child who, even if playfully seductive, has only affectionate feelings for the adult, will be overpowered by the adult's sexual advances and paralysed by pain and anxiety. 'The same anxiety, if it reaches a certain point, will compel the child to subordinate himself automatically to the will of the aggressor; to divine his desires and to gratify them; to completely efface himself, identifying with the aggressor.' The most important effect of this identification is the 'introjection of the guilt feelings of the adult'. Thus, the child, guilty through identification, does not dare to reveal his secret. Such a child can go through a profound character change: his sexual life may remain undeveloped or he may become a pervert; neurosis and psychosis are also possible consequences.

In the case of passionate punishment the child may experience a similar reaction. Ferenczi says: 'One part of the child's personality, indeed the nucleus, remains arrested at a level where it is not yet able to make use of alloplastic defenses, but operates in an autoplasic way, a kind of mimicry'.

The third traumatogenic agent is 'terrorism of suffering', that is, a sick, complaining mother who can make a lifetime nurse, a substitute mother, out of her own child, with complete disregard for the child's essential needs.

Traumatic experiences can provoke, in contrast to regressive phenomena, a pathological, precocious maturity. Every shock, every fright causes a split in the personality: one part of the personality regresses into the blissful state in which it existed prior to the trauma, in an attempt to undo the traumatic experience. Fragmentation may be caused by successive, manifold traumas—eventually it may result in a state which one would be justified in calling 'atomization'.

Ferenczi himself was not satisfied with this paper, which he began with the sentence: 'It was a mistake to try to confine the all too wide theme of the exogenous origin of character formations and neuroses within a Congress paper'. In addition, he was sidetracked by other issues which may have been a contributing factor in, if not responsible for his discontent with the presentation.

Based on his clinical material, Ferenczi undoubtedly felt himself to be on the threshold of important new comprehensions of human adaptation. Although he was not yet able to crystallize his thoughts, this reviewer feels that this paper is so rich in new ideas that Ferenczi's earnest advice to give serious consideration to it is imperative. Re-examination of this paper will open new vistas of many as yet little-understood character formations, perversions, and psychotic states.

Notes and Fragments (1930-1932). Sándor Ferenczi. Pp. 231-242.

The editor's note explains that these are the fourth or fifth part of the bulk of the notes, scribbled in four languages, which were found among Ferenczi's papers after his death. The notes were translated into German and published in the *Bausteine*, Volume IV.

We shall give only the dates and titles of those notes which were already included in Ferenczi's earlier publications: *Das unwillkommene Kind und sein Todestrieb*¹ (Int. Ztschr. f. Ps., IX, 1923); *Thalassa*² (1924); *The Principle of Relaxation and Neocatharsis* (Int. J. Ps., XI, 1930); *Kindereanalyse mit Erwachsenen*³ (*Bausteine*, Volume III); *Confusion of Tongues Between Adult and Child* (Int. J. Ps., XXX, 1949). The others group themselves as follows:

- 8.10.1930. Oral Erotism in Education.
- 8.10.1930. Each Adaptation Is Preceded by an Inhibited Attempt at Splitting.
- 8.10.1930. Autoplastic and Alloplastic Adaptation.
- 8.24.1930. Thoughts on 'Pleasure in Passivity'.

In these fragments Ferenczi says that 'without far-reaching speculation' one cannot understand the pleasure in bearing 'unpleasure' or even enjoying 'unpleasure'. He qualifies three sources of masochistic pleasure: '1. Admiration for the greatness and power of the opponent . . . which could be called aesthetic pleasure. . . . 2. Enjoyment of one's own wisdom and intellectual superiority which is compared with the ruthlessly brutal, i.e., completely unintelligent opponent in one's own favor. . . . 3. The acknowledgment and appreciation of the naive brutality of another ego (or force) has definitely something superior and maternal in it. . . . I have the feeling that with these points the motivation of the pleasure of self-destruction is far from being exhausted. . . .'

- 8.31.1930. Fundamental Traumatic Effect of Maternal Hatred or of the Lack of Affection.

This note refers to three patients who incessantly complained about maternal rejection from infancy on and who were consequently unable to establish satisfactory object relationships.

- 3.22.1931. Relaxation and Education.

A fragment expounded in the paper, *Confusion of Tongues Between the Adult and the Child*.

- 3.26.1931. On Revision of the Interpretation of Dreams.

Ferenczi states that ' . . . instead of "the dream is a wish fulfillment", a more complete definition of the dream function would be: every dream, even an unpleasant one, is an attempt at a better mastery and settling of traumatic experiences, so to speak, in the sense of an *esprit d'escalier*'. Even the re-

¹ Trans. *The Unwelcome Child and His Death Instinct*. Int. J. Ps., X, 1929.

² Trans. by Henry Alden Barker: *Thalassa: A Theory of Generality*. New

York: The Psychoanalytic Quarterly, Inc., 1928.

³ Trans. *Child Analysis in the Analysis of Adults*. Int. J. Ps., XII, 1935.

rence of the day's residue serves this function. Ferenczi substantiates his proposition with the observation that patients, after long years of treatment, typically have two or more dreams every night. Their first dream has no ideational content; they wake up from the deep sleep with a sudden shock. This is usually followed by a nightmare in which the patient is pursued by wild animals, attacked by robbers, or a young girl is lying in the bottom of a boat, deathly pale, and a huge man is oppressing her with his face. The analysis of this dream leads to infantile pleasurable and traumatic experiences with the father. Ferenczi writes: 'I regard the "primary dream" as the traumatic-neurotic repetition; the "secondary dream" as the partial settling of it without external help by means of narcissistic splitting'.

4.2.1931. Aphoristic Remarks on the Theme of Being Dead—Being a Woman.

This fragment contains some highly speculative thoughts, some of which had been expressed in *Thalassa*. '... we must arrive at the question whether the problem of the theory of genitality—the genesis of the differences of sexes—should not be regarded also as a phenomenon of adaptation, i.e., a partial death. If this is so, it is perhaps not impossible that the higher intellectual faculties which I assumed to exist in woman might be explained by her having experienced a trauma.' Speculating further, Ferenczi attributes a kind of clairvoyance to the person who suffered a trauma and adds, 'This could be the source of feminine intuition'.

9.14.1932. The Three Main Principles.

This fragment is again largely speculative. Ferenczi compares the principle of 'egoism' or 'autarchy' with the principle of 'altruism' or 'universality'. Autarchy is expressed in extreme materialism and mechanism, with little or no consideration of others except in expectation of a favorable return. The principle of 'universality' recognizes as justifiable only the existence of groups, i.e., 'mutual consideration, identification are justified—peace, harmony, voluntary renunciation are desirable because they alone are in harmony with reality'. Accordingly 'social guilt' will guard the individual against egoism, and 'ego indebtedness' will protect the followers of altruism from autarchy. The third principle would unify both tendencies.

9.19.1932. Suggestion = Action Without One's Own Will.

These are notes in connection with a case of conversion hysteria. 'Hysteria is a state of complete lack of will . . . and acceptance of another's will, as in childhood.' '... Question: is suggestion (healing) necessary after (or even during) the analysis?' '... Perhaps as a reparation for a former suggestion which demanded only obedience; this time a suggestion which awakens (or bestows) a power of individuality must be given. Consequently: 1. Regression to weakness; 2. Suggestion of power, increase of self-esteem in place of previous suggestion of obedience. . . .'

10.24.1932. The Therapeutic Argument.

'After several reproductions with unending suffering and without cs. recollection, an accidental interruption is followed by striking improvement and

feeling of independence. . . .’ Ferenczi asks, ‘Is this a sign of: 1. Correctness of interpretation? 2. The end of the period of reproduction? 3. The beginning of the period of *forgetting* (at least of the emotional actuality)? 4. The period of “healing” of the analytic wounds and pointing to possibilities which remain (Jung)?’

10.26.1932. Psychic Infantilism = Hysteria.

‘Adult man has two systems of memory: 1. Subjective = emotions = bodily sensations. 2. Objective = projective sensations.’ In children, ‘the memory remains fixed to the body, and only there can it be awakened. . . . In the moment of trauma the world of objects disappears partially or completely; everything becomes objectless sensation.

‘It is unjustifiable to demand in analysis that something should be *recollected consciously* which has never been conscious. Only *repetition* is possible, with subsequent objectivation for the first time *in the analysis*. *Repetition* of the trauma and *interpretation* (understanding) in contrast to the purely subjective “repression” are therefore the double task of analysis.’

10.30.1932. The Vulnerability of Traumatically Acquired Progressive Faculties (Also of Infant Prodigies).

This is a reference to several patients who had shown unusual ability and achievement which were apparently provoked by traumatic experiences. However, such reactive ability is usually transitory.

10.30.1932. The Two Extremes: Credulity and Scepticism.

‘“Psychognostic”, “Gnosis” = the view that it is impossible to reach by corresponding deep relaxation the direct experience in the past, which then may be accepted as true without any further interpretation.

‘Scepticism: the idea that all thoughts and ideas must be examined first very critically and that they represent: 1. Absolutely nothing of the real happening, or 2. A very distorted version of it.’

11.10.1932. Suggestion in (after) Analysis.

‘Only what is true may be suggested (to children and patients).’ Only if the analyst is trusted, a trust which is gained only through understanding and truthfulness on the part of the analyst, can the analyst give helpful suggestions to the patient.

‘Analysis is preparation for suggestion. The intrapsychic adjustment of cathexis of id-ego-superego is not sufficient. (“Synthesis”?) Friendly encouragement (possibly also some “electromagic”) from another person makes the removal of the self-splitting possible and with it the “surrender” as a reintegrated person.’

Notes and Fragments was never considered for publication in its present form. These are intruding thoughts, memos in connection with patients, both technical and theoretical. They prove not only how conscientiously Ferenczi used to check and recheck his conceptions, but also that his technical and therapeutic propositions were based on scrupulously examined clinical observations.

Ten Letters to Freud. Sándor Ferenczi. Pp. 243-250.

According to the Editors' introduction, these ten letters were selected from among several hundred. 'The aim is to show Ferenczi as a scientist in full imaginative flight, as a critic of himself and as one who could take criticism, and above all to show his zest.' We hope that eventually the entire correspondence will be published and until then, have little to add to the Editors' remarks.

Some of the letters belong to three different periods of Ferenczi's relationship with Freud: the second and third to the period of mutual inspiration, when Ferenczi was not yet in analysis with Freud; the fourth and fifth¹ show the influence of the transference and countertransference of his analysis; and the following two were written during the period in which Ferenczi was working consistently on his clinical research. The Editors say that these two were 'written during the crisis with Freud'. We doubt that Ferenczi would have consented to the expression 'crisis'. The letter from Capri dated 10.10.1931, belongs to this interval and we quote a sentence which throws light upon Ferenczi's tenderness and consideration in answering Freud's criticism: '*When you are able to travel again,*¹ you must not miss a long stay here'.

At the end of this same letter, Ferenczi characterizes his work in this way: 'I am above all empiric in my approach (you may think this strange in view of the mass of daring theoretical propositions which I have launched). My ideas always originate in the variations of response to treatment shown by my cases and I confirm or reject my hypotheses by reference to this material. I am also very careful as regards publication; perhaps too much so, so that in the intervals it may appear to many as if I had vanished from the scene.'

The subsequent letters also show that Ferenczi did everything in his power, short of stopping his research, to reassure Freud of his unswerving respect and loyalty.

FANNY HANN-KENDE

Love For the Mother and Mother-Love. Alice Balint. Pp. 251-259.

Freud derived object love from the self-preservative instincts through narcissism and auto-erotism. Alice Balint offers a variant theory: object love arises from the vicissitudes of an archaic love existing between mother and child. The child demands that the mother be without needs or interests of her own and that she ask nothing in return for her love. This demand, not governed by reality, we see in the love relationships of certain patients and most clearly in transference love. Conversely, the mother in this archaic, mutual love regards the child as hers, entirely at her disposal. Mother-child love therefore resembles that of the partners in coitus who need not be concerned about each other's needs for each automatically and perfectly satisfies the other.

But between the archaic mother-child love and coital love lies a period of development in which reality sense comes to govern the child as he perceives that he is replaceable and that the mother has interests of her own which he

¹ Italics abstracter's.

must respect. Auto-erotism, moreover, appears whenever love for the mother or other objects is frustrated.

Thus the 'archaic object relation without reality sense' of mother and child is modified into adult object love, with auto-erotism appearing as an alternative when it is needed.

GERARD FOUNTAIN

Infant and Mother. Endre Petö. Pp. 260-264.

This is a report on eight babies, from five days to seven months old, with breast feeding difficulties. In each case rejection of the newborn by the mother or an intercurrent conflict in the mother is adduced as the causative factor. Petö agrees with Ferenczi that 'the child can only be prevented by great tenderness from sliding back into nonexistence which is still near. If love and care are lacking, these destructive impulses soon begin to operate, and they have much more power at this early age than has been willingly assumed hitherto.' He also believes that 'even at the age of five days . . . object relations can be proved to exist'. He concludes: 'It is remarkable that, apart from mealtimes when they are very excited, the infants are quiet, self-sufficient and cheerful despite starvation. . . . One of the infants, aged eight weeks, was sucking his dummy also continuously. . . . If the object-libidinal cathexes are disturbed, they bring about a disturbance of the narcissistic libido, assuming that intake of food is—at least in part—an expression of narcissism. Thus it would seem that the fate of the narcissistic libido is dependent on the vicissitudes of the object libido which, apparently, shape the characteristic behavior of self-sufficiency and turning inward of the ill child. Our observed material seems to suggest that libidinous object cathexes are unconditionally necessary for the preservation of life.'

What Petö calls object cathexis of the five-day-old baby is simply empathy. He underestimates the megalomaniac position of the baby who seems to assume that everything good comes from himself, everything bad from the outside. There are good reasons for Freud's assumption that the baby at first believes that the breast (or bottle) is part of himself. The sequence of events is as follows: the fantasy of self-sufficiency, followed much later by depositions of narcissistic libido outside, which is then, according to Freud, called 'object libido'. Petö seems to reverse the process, hence does not explain why these starving children were so 'cheerful despite starvation'. Moreover, the author concentrates with unjustified one-sidedness on bad or disturbed mothers, hence shifts the blame exclusively to them, despite the fact that there are enough feeding difficulties in children with good mothers. The child's development is not a direct photographic copy of the environment; the child itself contributes something—its own misconceptions (projections) and elaborations. If this were not so, the idyllic formula of naïve educators would apply: ideal bringing-up results in ideal children. Clinical experience seems not to confirm this gratuitous assumption: there are normal children in 'neurotic' homes and neurotic children in 'happy' homes. The accent is on the child's own elaboration; that unfavorable external circumstances aggravate the mass of unavoidable infantile conflicts is, of course,^o true.

EDMUND BERGLER

Early Developmental States of the Ego. Primary Object Love. Michael Balint. Pp. 265-273.

Michael Balint describes the state of 'primary object love', an early developmental phase arrived at from divergent approaches in the Budapest School (A. and M. Balint, I. Hermann). Primary object love must occur very early in life, and all later object relationships can be traced back to it. This form of object relation is not linked to any erotogenic zone, 'but is something on its own'. Its biological basis is the instinctual interdependence of mother and child (dual-unit). The instinctual gratification in this phase never goes beyond the forepleasure, i.e., 'the tranquil, quiet sense of well-being'. The early severance of this relationship accounts for the later manifestations in infancy of increased clinging and insatiable greed. Numerous observations of infant behavior support the assumption of this phase of primary object love and thus contradict the theory, and question the existence of primary narcissism.

Since the date of this paper (1937) the concept of primary narcissism has been clarified and it does encompass the 'fused' mother-child relationship in which the cathexis between self and object is indistinct. There is also clinical evidence that the instinctual goal in this phase is a melting together with the mother through the achievement of identical temperature.

ROBERT C. BAK

Psychiatric Quarterly. XXIV, 1950.

Further Studies on Depersonalization. Edmund Bergler. Pp. 268-277.

The depersonalized neurotic labors under the following conflict: an anal-exhibitionistic repressed wish is warded off with pleasurable self-voyeurism; that defense is in turn prohibited by the superego and a secondary unconscious defense is installed: 'I don't peep at myself, I just mournfully observe my sickness'. The constant self-observation, which is an integral part of the condition, is concerned with beating fantasies. Depersonalization seems to represent one of the many possible—though typical—attenuated end results of the 'a child is being beaten' fantasy executed by means of scopophilia. The buttocks in these fantasies represent breasts.

Transference in Psychotherapy. Samuel R. Lehrman. Pp. 532-542.

Lehrman defines transference as a spontaneous phenomenon, repetitively lived out as an emotional and behavioral experience, with the complete repression (i.e., forgetting) of the original experience. Transference phenomena have the same meaning for patients as posthypnotic suggestions. The transference attitudes are displaced to new and other ideas from those to which they belong. The patient rationalizes and feels somewhat uncomfortable but does not fully understand his behavior. He expresses the repressed not in memory but in action.

The main psychotherapeutic forces are the patient's transferences to the physician and his capacity for testing reality. The transference is used to mitigate the conflict and to increase the patient's ability to recognize reality.

The Self-Dedication of the Psychoneurotic Sufferer to Hostile Protests and Revenge. Izette de Forest. Pp. 706-715.

Innate forces in the child, particularly his drives toward growth and self-expression and his need for love, are in conflict with the more powerful directing and restricting influences of the parents to which the child has to submit. Angry and hostile reactions to the parents are repressed because of the need for love but they persist as powerful unconscious forces leading to a variety of neurotic symptoms and character disturbances. The patient hides from himself and from others his unwitting dedication to a life of hostile revenge which is acted out in interpersonal relations and in self-sabotage. The neurosis is not only a cry for love and nourishment but also an attempt to punish all adults. Three cases are given illustrating this thesis which refers exclusively to the environmental causation of neurosis.

Spontaneous Remission of Schizophrenic Psychosis Following Maternal Death. Max Cohen and Louis M. Lipton. Pp. 716-725.

Three cases are reported of remissions of acute schizophrenic psychoses shortly after maternal death. The psychodynamics are not elucidated because probing into the meaning to the patients of the deaths of their mothers was considered dangerous. While many schizophrenic patients do not improve after maternal death, it seems justified in these three cases to assume such an effect for the following reasons: all three patients were young and suffered from first attacks of relatively recent onset; all their mothers were actively involved in the delusional and hallucinatory systems; all of the patients were dominated by their mothers and suffered feelings of guilt concerning them. The illnesses of these patients seemed to represent flights from the temptations and frustrations imposed by the mothers, whose deaths allowed an adaptation to a less irritating and provocative reality.

BERNHARD BERLINER

Bulletin of the Menninger Clinic. XV, 1951.

Personality Factors in Osteoarthritis. Henry Lihn, Karl Menninger, Martin Mayman. Pp. 1-5.

This paper attempts to establish those personality characteristics which distinguish the sufferer from osteoarthritis from persons who develop other types of illness. The authors' findings are based on data obtained from psychiatric interviews, reactions of the patients on the ward, and the analyses of psychological tests.

Of the twenty cases studied, all were to some degree neglected or rejected by their parents in childhood. Most of them exhibited overt childhood psychopathology, such as temper tantrums, enuresis, phobias, etc. These patients were competitive in adolescence, but were poor sports and subject to quick tempers and impulsive outbursts. Their relationship to people was superficial, opportunistic, cold, and unstable. This is true for the wife, the child, the friend and the boss. In the majority of cases the onset of the specific somatic affliction was precipitated by the threat of desertion or the actual desertion by the wife.

It seems that the osteoarthritis is an attempt to control motility, since motility for these patients is dangerously close to the emergence of violent aggressions. The illness also appeases superego demands through the feeling of painful attrition. Thus a relative equilibrium is established at the price of physical crippling.

The Effect of Baby Bottle Feedings on a Schizophrenic Patient. Leonard J. Duhl. Pp. 21-25.

This case demonstrates how a markedly regressed schizophrenic patient, who had not responded to various treatment programs, improved when efforts were made to partially satisfy his infantile needs by means of baby bottle feedings. The diagnosis was schizophrenic reaction, hebephrenic type. During some four years of hospitalization he was given electroshock treatments, occupational therapy, and psychotherapy to no avail. The patient could not develop any kind of meaningful object relationship and became consistently more withdrawn and apathetic. Since he was constantly drinking, drooling, and smoking, it was decided that he could be approached only by satisfying his predominant oral needs. The patient was then started on milk feedings three times daily, using an eight-ounce baby bottle and nipple, in addition to his regular diet. He improved quickly but regressed when it was decided to substitute hourly feedings of food and candy for the bottle. When bottle feedings were resumed the patient continued to improve to the point of establishing and maintaining enough object relationship to leave the institution.

The Secret. Alfred Gross. Pp. 37-44.

Gross's paper was originally published in Italian, then in German and finally in English—a distinction it deserves. He describes the different meanings of a secret in everyday life, in literature, and in patients undergoing analysis. In the unconscious one finds a reaction to secrets similar to that toward secretions in general; it is a frequent finding in analysis that when a patient has confided a secret this is apt to coincide with an urge to discharge from one or another excretory organ. Secrets, therefore, undergo the vicissitudes of the anal and phallic phases of libidinal development. In the anal stage the secret can be perceived as a possession which is to be retained or expelled. In the phallic phase there is a tendency to use the secret exhibitionistically. Later on, the secret may be conceived of as a gift, as a means of initiating friendship or of establishing intimacy. The importance of the secret shifts from the primary emphasis on content to a later emphasis on function. By and large secrets originate as derivatives of the oedipal conflicts. The child in attempting to cope with his oedipal wishes may identify the secret with the adults' sexuality and by this or other means internalize the secret as a substitute formation.

The Influence of Unconscious Factors on Hypnotizability. Gerald A. Ehrenreich. Pp. 45-57.

This paper is a contribution to the study of the interesting phenomenon that hypnotizability is not a static property of an individual but seems to be a fairly

fluid characteristic. Ehrenreich describes a case which demonstrates the unconscious factors responsible for a patient's inability to respond to certain hypnotic suggestions. In this instance the patient who could be brought into a deep hypnotic trance was unable to accept the suggestion that her hands would remain stuck fast together. Ehrenreich hypnotized the patient on thirteen different occasions and finally discovered that the patient's inability to keep her hands clasped was based on a highly traumatic sexual experience in her childhood. This leads him to conclude that hypnosis is experienced in a highly personal fashion and that the major missing links in our understanding of hypnotizability are probably to be found in the unconscious needs, wishes, prohibitions, etc. of the individual.

RALPH R. GREENSON

Psychiatry. XIII, 1950.

The Place of Action in Personality Change. Allen Wheelis. Pp. 135-148.

Psychoanalytic theory has failed to elucidate explicitly the process whereby psychotherapy effects personality change. To understand what happens in therapy it is necessary to know how personality change in general occurs. By reasoning from the basic function of the psychic apparatus to discharge tension, Wheelis arrives at the conclusion that it is action which leads to personality change. The kind of action initiated to discharge tension is usually determined by the customary mode of behavior of the personality as currently constituted. However, because not all problems can be solved within the framework of the already established modes of behavior, the individual is impelled to initiate new modes of behavior. One action by itself is usually insufficient to establish the new mode because only when sufficient energy has flown through the newly employed channel does it become an established mode of behavior to which the rest of the personality adjusts itself. The new mode of behavior produces alterations in emotional attitudes and in thought processes. Thinking or fantasizing by themselves cannot produce a personality change since not enough psychic energy is discharged to effect a rechanneling of energy. Therapy effects personality change only in so far as it leads a patient to adopt a new mode of behavior. An alteration merely in thinking or feeling will not produce a personality change, which explains why insight alone is insufficient to produce a therapeutic result. Between the therapist's interpretation and the personality change in the patient, action must intervene. The initiation of a new mode of behavior usually first occurs in therapy with the therapist the object of the released impulse. However, unless the larger part of a mutative experience is acted out outside of therapy, a lasting personality change is not effected.

S. GABE

A Pilot Study of Psychoanalytic Practice in the United States With Suggestions for Future Studies. Lawrence S. Kubie. Pp. 227-245.

The basis of this study is the response to questionnaires sent to recognized psychoanalysts in this country. The questionnaires were designed to elicit such facts as the fees charged per session, gross analytic incomes, the number of

sessions per week per patient, the analyst's age at the start of analytic practice, the sex and age distribution of patients in various analytic centers, and so on.

Of the answers received, between 42.5 and 49 percent were usable. It seems that at the time of the questionnaires the average fee was \$14.50 per session. The number of weekly hours varied between 2.5 and 5. As far as analytic incomes are concerned, it seems that analysts do a little better in the middle group compared with physicians in general, but not as well as specialists in other specialties who receive higher incomes. The ages of analysts when they start analytic practice ranges from twenty-eight to forty-eight years with a majority starting around thirty-six. The paper is of great interest in all its details and in its twelve suggestions for further research.

MARTIN GROTJAHN

Some Aspects of the Derogatory Attitudes Toward Female Sexuality. Clara Thompson. Pp. 349-354.

Thompson asserts that male analysts including Freud were hampered in understanding female psychology because one sex has no adequate means of identifying with the experiences of the other. She theorizes that actual envy of the penis as such is not as important in the psychology of women as their envy of the position of privilege and alleged superiority enjoyed by the male in our society. This position is symbolized by the possession of a penis.

Cultural attitudes, especially of the Victorian era, placed a premium on male sexuality and permitted the man to express his sexual needs while erroneously supposing that female sexual needs were practically nonexistent. To have sexual urges was supposed to be not feminine. Childbearing as an aspect of woman's sexual life has diminished in importance in many situations. The cultural attitude of the male's undervaluation of female sexuality has a negative effect on the female's self-esteem. There is also a derogation of the female genitalia, not in terms of comparison with the penis but rather an undervaluation of the female organs arrived at by cultural measurements. Lack of sphincter control, uncleanness and odor, which may be associated with the female genitalia are contrary to cultural values. With these deprecatory cultural attitudes in the background of women's lives, it is to be expected that there must be important points at which difficulties in interpersonal relations are expressed.

A Philosophy of Personality. Patrick Mullahy. Pp. 417-439.

An approach to the interpersonal theory is made from different viewpoints as expressed in various contributions of certain sciences and philosophies. John Dewey, Ashley Montagu, Harry Stack Sullivan, and Gardner Murphy are among the sources used. The theories of contemporary science and philosophy have changed our concept of the world from a mechanistic-materialistic viewpoint which postulated isolated, self-contained immutable substances, to a concept of the world in terms of 'collective goings-on, interrelated processes or events'. Personality is a product of two dynamic and mutually interdependent processes of transmission, the one hereditary, the other sociocultural (operating by means of learning through symbolic communication). Dependency and interdependency is a basic characteristic of life and therefore coöperation is fundamental to

living, in contrast to competition, destructive aggression, and the struggle for survival which are not. Human activity and experience is profoundly affected by the social and cultural environment, by interpersonal relations. Mind is constituted by more or less organized systems of meaning-systems (symbols) pertaining to various areas, i.e. religious, ethical, scientific, daily life, and others. Lack of personality integration may be expressed by incompatibility, confusion, rigid compartmentalization, or poor development of meaning-systems. A distinction between mind and consciousness is made. The validity of the concept of needs and drives (demands for satisfactions and security) is affirmed, but these are conceived as outcomes of organism-environment instabilities and relations and not as independent entities within the organism. Anxiety-tension and activities for the purpose of its abatement ('security operations') are evoked when anything disturbs one's established patterns of interpersonal relations. Individuality is a unique manner of acting in and with a world of objects and persons. The achievement of individuality is the achievement of self-realization. Self-realization has two essential psychological conditions: the harmonious development of personality along lines of security, and second, the achievement of self-respect and the respect of others without serious conflict and anxiety provoking tendencies.

HARRY H. NIERENBERG

American Journal of Orthopsychiatry. XX, 1950.

Values, Acculturation and Mental Health. A. Irving Hallowell. Pp. 732-743.

Hallowell studies the effects of a disintegrating culture on the personalities of the Ojibway Indians. Outwardly the natives resemble white men in their behavior but deeper investigation shows marked differences. Tracing the tribal values that have been handed down by tradition, Hallowell finds a predominant trend toward passive dependency on nature and superhuman spirits which actually stood the people in good stead in their ancient conditions of life. With exposure to new economic and cultural influences, the older values are detrimental but still prevail beneath the outer conformance to the white man's civilization. Passive dependency now manifests itself in drunkenness, in the failure to seek employment and in a resultant loss of self-regard. Aggression, which had formerly found its outlet in the secret practice of sorcery, now erupts in outbursts of hostility and in crime.

Hallowell holds that culture plays an integrative role in the development and functions of the personality. In the present plight of the Ojibways there is evidence that this integrative process does not take place and that consequently there is a frustration of maturing tendencies, if not actual regression. The Rorschach data on these tribes show little difference between adults and children.

Family Diagnosis: an Approach to the Preschool Child. Nathan W. Ackerman and Raymond Sobel. Pp. 744-753.

Ackerman and Sobel undertake to describe the personalities of preschool children not as separate organizations but as functional parts of the family

group. This approach requires a study of the parents and the siblings with particular emphasis on 'the functions and patterns of interaction of the parents at each stage in the history of their relationship, leading up to the point where the parental relationship and the individual personalities of each parent accommodate to the admission of the child into the family group'.

A clinic team is used to obtain the necessary data. The family is then grouped according to its internal dynamics and social position and the child's problems described in terms of the adjustive behavior required to maintain equilibrium within the disturbed family constellation. The methodology for this approach is still in the process of evolution. Problems of treating one family in such terms are described.

Notes on the Impact of Parental Occupations: Some Cultural Determinants of Symptom Choice in Emotionally Disturbed Children. Bruno Bettelheim and Emmy Sylvester. Pp. 785-795.

Bettelheim and Sylvester discuss the meaning of the father's occupation to the child as he enters upon the latency period. In the cases studied, relations with the mother had been severely disturbed before the oedipal phase, and a correspondingly greater interest in the father had developed. Since experiences with the mother had taught the children to be distrustful, the vaguely understood occupations of the father acquired a threatening character.

To the son of a stockbroker, the father's activities represented a secret magic juggling of figures which resulted in a constant flow of money. The boy spent countless hours manipulating and writing down numbers as a means of testing and acquiring the father's powers. The only subject he seemed able to learn in class was arithmetic. Aspects of his general orientation were revealed in his predilection for constructing burglarproof buildings of which his father, and later he himself, was the owner. During the course of therapy, the magic preoccupation with the paternal profession tended to disappear as the child developed his own interests and resources.

One boy who was constantly concerned with poisons and intricate apparatus was the son of a biochemist. However, the father's occupation merely molded but did not instigate his delusions. Not only the profession of the parent but the attitude of the family and of society toward this profession are conveyed to the child in subtle ways and become factors that make for anxiety or reassurance.

MARK KANZER

Archives of Neurology and Psychiatry. LXIV, 1950.

Effects of ACTH in Patients With Mental Disease. Mark D. Altschule, Elaine Promisel, Barbara H. Parkhurst, Henry Grunebaum. Pp. 641-649.

The authors attempt to compare the effect of ACTH on the adrenal cortex function of psychotic and nonpsychotic patients. It seems that psychotic patients respond with greater than normal changes in carbohydrate metabolism after the injection of ACTH than do normals. Otherwise, the eosinophile count, uric acid and sweat sodium concentration were not significantly different.

In addition, the authors injected large amounts of ACTH into two manic depressive psychotics. No improvement was noted.

One Operation Cures Three People: Effect of Prefrontal Leucotomy in a Case of Folie à deux et demie. Maurice Partridge. Pp. 792-796.

Partridge describes a woman, age sixty-one, who suffered from the delusion that insects infested her house, hair, and ears. Her husband fully participated in this delusion, but her thirty-seven-year-old daughter did so only when in the mother's home. The author therefore describes this as a case of *folie à deux et demie*. Eventually the mother was treated by a prefrontal leucotomy and lost the delusion. Partridge maintains that the other two affected persons 'have been fully cured in that neither has any current symptoms while both have insight'.

RALPH R. GREENSON

Journal of Nervous and Mental Disease. CXII, 1950.

Psychiatry and Religion. Iago Galdston. Pp. 46-57.

Galdston states that there is a psychological substratum in religion, a thesis easy to accept. However, he reveals that the thinking which permitted him to arrive at this conclusion is not scientific. He really means that man is pre-disposed to religion. His is a rather mystical conception and not a psychological theory. He brings 'proof': '... I myself not only subscribe to the existence and to the operation of the psychologic substratum of religion, but further contend that the most crystal-clear demonstration of its being in operation is to be found in the theoretical framework and in the clinical and other achievements of modern dynamic psychiatry, the psychiatry of Freud, Jung, and Meyer'. He equates the soul and the psychological substratum of religion and says that the denial of one is tantamount to a denial of the other. He makes an excursion into what he calls an analysis of his own emotional response to technicians and craftsmen (he seems to share the attitude toward technicians which is said to have been true of the ancient Greeks) in which he decides that technicians have an 'entirely central vision'. A neat piece of argumentation then follows which states that modern science is a technique and therefore it too has central vision. He now comes to full grips with the issues of his thesis by defining psychoanalysis and reminding us of Freud's use of the phrase 'archaic inheritance' with which Jung did 'much better' in his descriptions of the collective unconscious. These statements of Galdston's are supposed to be psychologic proof of the existence of a force which is an impulsion to religion in man and is part of some *élan vital* to be noted prenatally and postnatally. He does not rest his case on this 'psychological hypothesis'; he adduces 'biologic' and 'clinical' proof. The 'biologic' proof is that since man is subject to powerful antipedal stresses (which need be 'culturally interpreted' for him), he stands in need of 'reconciliation between his mortal self and his immortal end'. The clinical proof derives from Galdston's experience with 'psychopaths' who have a 'weak' or lacking superego and 'cannot be helped unless their superego is strengthened'. It is a little mysterious as to how this

proves the thesis. The psychoanalytic exposition of the psychology of religion by numerous authors is neglected by Galdston.

Family Role in Diagnosis and Treatment of Offenders. David Abrahamsen and Rose Palm. Pp. 311-321.

Abrahamsen and Palm present the case of a twenty-one-year-old man who, because of certain antisocial behavior, required treatment. The entire family was investigated by personal interviews and Rorschach examination. This approach led the authors to a 'new evaluation of the offender, both with regard to the nature of the delinquency, and to his treatment'. The theoretical reasoning to justify their conclusions is vague since much is implicit as though the reader were already familiar with the six papers by Abrahamsen referred to in the text and bibliography. Perhaps it is this vagueness of theoretical reasoning which gives the reviewer the impression that the authors are building a rather loosely jointed therapeutic theory of their own which marries sociological, practical, dynamic and personal concepts without regard to scientific accuracy. These comments do not invalidate the approach used which could be easily justified both pragmatically and heuristically.

Psychopathological Aspects of Deafness. Adolf Zeckel. Pp. 322-346.

This paper is an excellent beginning in the psychological exposition of the problems of the deaf. Zeckel is fully aware of the shortcomings of his observations and deductions. He offers them at the present time only as a preliminary report of the work conducted at the Vanderbilt Clinic with the deaf. He reports a large group of cases briefly to show some of the factors which appear to be important in the production of the emotional constellations encountered in the deaf. In his discussion he gives a short review of the brief literature available (Berry, Fenichel, Fentress, Fowler, Goldstein, Menninger, Solomon, Wells). He concludes that deaf people have no typical characteristics, that those who made a nonneurotic adjustment prior to deafness accept the deprivation and may be able to see advantages and make a good compensation. Zeckel is impressed by the theory that deafness is an unconscious punishment symbolizing castration. He agrees with Fenichel's remarks concerning the economic distribution of libidinal energy while he discounts the usual conception that the deaf are paranoid, though he is cognizant of the development of 'being on the alert' often characteristic of the deaf as a defense compensating for their handicap. Zeckel stresses the fact that many of the problems arise from the simple fact that the communications of the ego of the deaf with the outside world are impaired, bringing discouragement and resentment.

VICTOR CALEF

Mental Hygiene. XXXIV, 1950.

The Present Status of Research in Dementia Præcox. William Malamud. Pp. 554-568.

Malamud visited seventy-five North American institutions engaged in study and research on dementia præcox. Basic research, sometimes indistinguishable

from practice, was found 'definitely in the lead', qualitatively and quantitatively, in the field of child development and biochemistry. Numerous investigations are also being conducted in the areas of anthropology, sociology, psychosurgery, constitutional factors, neurology and many others. There is in some instances a regrettable duplication of research efforts and an equally regrettable unawareness of supplementary or correlative work which could with profit be utilized by research workers.

What Do We Know About Dementia Præcox? Nolan D. C. Lewis. Pp. 569-581.

Current theories fall into two categories: 1, schizophrenia is an abnormal reaction pattern originating in early life; 2, it is organically determined, of unknown cause and obscure pathology. Lewis briefly reviews some of the historical highlights, and prevailing orientations in thinking about schizophrenia. Many writers stress the complexities of our civilization as important in its etiology. Among current productive types of research he mentions drug effects on the brain, neurological studies, brain extirpations, various forms of psychological investigation and Kallmann's studies of twins.

JOSEPH LANDER

British Journal of Medical Psychology. XXI, 1948 and XXII, 1949.

Unconscious Form-Creation in Art. Anton Ehrenzweig. Parts 1 & 2, pp. 88-109. Parts 3 & 4, pp. 185-214.

Part I. Starting with a critique of gestalt theory in relation to the understanding of form creation in Art, Anton Ehrenzweig introduces a psychology of perception fundamentally different from surface perception. Depth vision is gestalt-free. In contrast to traditional art, modern art dispenses with the surface gestalt and lays bare the automatic creations of our depth mind. It seems that our culture quite generally values the surface mind but little, looks for deeper insight beyond the limits of our rationality. Even in science, creative thinking begins with a state of 'fluid vision', from which later, rational ideas emerge. Not only creative thinking, but all creative activity consists of a fluid, gestalt-free vision out of which emerge definite form ideas which can be grasped by the surface mind. The origin of æsthetic feeling is traced back to a primeval sexual crisis, which might also be the origin of the sexual form play of the depth mind and its conversion into the æsthetic experience. The breakdown of rationality in our time allows the unconscious form play to come forward again and disintegrate the surface gestalt.

Part II. The distressing effect of gestalt-free perception may be avoided by transmuting it into a stylized ornamental pattern. Ehrenzweig discusses the theories of Nietzsche and compares Dionysus with the id of psychoanalysis and Apollo with the superego. Æsthetic pleasure serves to keep attention fixed on the surface gestalt by appealing to the all-powerful pleasure principle. Without it one could not explain the permanent success of secondary elaboration into style. According to the author's theory of dynamics, the æsthetic feeling could be formed only to destroy Dionysian emotion, which is probably sexual excitement elicited by the sight of the mate. The example of different tendencies in the interrelation of clothing and style is extensively used. Fashion becomes 'old

fashioned' when it has lost its faculty to excite but has not yet matured into a style.

Part III. The child does not possess the faculty of abstract gestalt perception. Neither has it yet fully suppressed the pangenital significance of real things. The style and geometry of Greek culture is explained as a secondary elaboration of a 'Dionysian Break Through'. The Greeks felt that their æsthetic play with abstract form must also possess a rational meaning and they discovered in geometry the only science in which they excelled.

Part IV. Details are given of the author's theories concerning the constancy of science, of brightness, and of color. The scientist, like the artist, contemplates in his creative vision only his own internal world. Science is connected with 'conscience'. The Bible states that the first knowledge was bought at the price of eternal guilt—the guilt of the woman and the devil serpent which was cleverer than the other animals in paradise. The compelling illusions of external guilt and compulsion, which are found in art and science, would help us to escape from guilt and compulsion within. Originally man explained disaster exclusively in relation to his own guilt. When a disaster occurred, its cause had to be the guilt of the primitive man. Freud found that the rise of new religious beliefs in the Mediterranean peasant two thousand years ago was preceded by an inarticulate feeling of anxiety and guilt connected with the unconscious memory of primal patricide. The rise of modern scientific belief was preceded by a wave of much stronger feelings of guilt and anxiety among the European people as expressed in the medieval witch hunt. It is not coincidental that the only intellectual occupation of many half-educated people is the reading of crime stories. Nothing stimulates intellectual curiosity more than a plot full of unexplained guilt.

Ehrenzweig's thoughts and formulations are extremely interesting and may stimulate present far-reaching applications of analytic principles to the understanding of art form creations. The last pages, pointing to psychodynamic connections between art and science, are extremely thought-provoking if applied to the present time.

MARTIN GROTHJAHN

Samiksa. IV, 1950.

Boredom of Anticipation ('Pseudo Boredom'). Edmund Bergler. Pp. 19–23.

Boredom is described as an attitude, the result of a combination of an inhibition of voyeurism, inadequate sublimations and concomitant self torture. Pseudo boredom is described as a normal unconscious ego defense against remnants of masochistic reproaches following an external aggressive encounter, when the final results of the encounter are still unknown. A clinical example is outlined to illustrate this mechanism.

DAVID MORGAN

A Contribution to the Psychodynamics of Depression in Women. Melitta Sperling. Pp. 86–101.

The birth of a younger brother constitutes a pathognomonic trauma in the life of girls, productive of a primary depression and predisposing to depression in

later life. This conclusion Sperling derived from the analyses of six depressive women patients. Concise reports of two of the analyses are included in this paper to indicate the nature of the material on which the conclusions are based. In these two cases, as well as in the other material, the displacement of oral envy of the penis following the birth of a younger brother produced the primary depression. The depression could be overcome by controlling the mother and later the mother surrogates of the opposite sex. Not to be in control of the love object was synonymous with being castrated and brought on depression. Control over the object could be achieved either actively or passively. On the phallic level, active control could be achieved through possession of a penis. The feminine role was rejected as inferior and replaced by an unconscious masculinity, as indicated by masturbation fantasies. The entire body represented a phallus. Failure on this level caused regression to the oral level and attempts at passive control through the breast. The conflict in the regressed phase was internalized, and the struggle with the object was carried on by means of introjection and ejection, leading to depression.

S. GABE

Psiquis. I, No. 8, 1950. Mexico D.F., Mexico.

Traffic Dangers to the School Population in the Federal District (Mexico City).

This is an abstract of papers presented at the First National Congress for Traffic Safety by R. A. Paredes, A. R. Esparza, I. S. Macedo, and N. Trevino.

It was agreed that the driver's psychological motives—the need to compensate for feelings of inferiority, guilt feelings projected onto the other driver, projection of 'ego boundaries' onto the car, etc.—were largely responsible for traffic accidents. The car of the Mexican male driver has become for him a symbol of his peculiar 'maleness' (*machismo*), a 'maleness' in the interests of which it is necessary to break laws with impunity.

The pedestrian concomitantly is respected neither by driver nor policeman, and has been forced to adapt himself to traffic hazards with consummate skill as a life-saving measure. However, since neither the young nor the aged are able to 'dance' through traffic with a reasonable life expectancy, remedial measures were strongly recommended. These would take the form of mental hygiene clinics established expressly for the purpose of screening drivers-to-be—both physically and psychologically—to eliminate all those whose personality traits make them 'too great a risk to be trusted behind a wheel'.

GABRIEL DE LA VEGA

NOTES

THE SIGMUND FREUD ARCHIVES was incorporated in the State of New York on February 14, 1951. Organized by a group of internationally eminent psychoanalysts, the aim, as stated in the charter, is 'to discover, assemble, collect and preserve manuscripts, publications and other documents and information relating to the biography of the late Sigmund Freud, and to his medical, psychoanalytic and other scientific activities'. This is the first attempt to obtain and preserve for posterity a complete compilation of Freud's published and unpublished writings. Under an agreement with the Library of Congress, which will serve as curator of the collection, confidential material will be restricted at the request of the donor.

The initial projects of the Archives include collecting all letters to and from Freud; establishing a complete and reliable bibliography of his writings; interviewing all persons who knew Freud personally—regardless of how well they knew him or in what function, whether as friend, brief acquaintance, or as his patient.

Anyone who is in possession of letters or who knows of persons who have such letters, and those who knew Freud personally, are urged to communicate with the Archives at 575 Madison Avenue, New York 22, N. Y.

OFFICERS of the Archives are: Bertram D. Lewin, M.D., President; Marie Bonaparte, Henri Flournoy, M.D., Heinz Hartmann, M.D., Willie Hoffer, M.D., Ernest Jones, M.D., Jeanne Lampl-De Groot, M.D., and Philipp Sarasin, M.D., Vice-Presidents; K. R. Eissler, M.D., Secretary; Ruth S. Eissler, M.D., Treasurer.

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The Midwinter Meetings of the AMERICAN PSYCHOANALYTIC ASSOCIATION were held at the Waldorf-Astoria Hotel in New York on December 6, 7, 8, and 9, 1951. Thursday, December 6th, was devoted to an all-day meeting of the Executive Council. The Board on Professional Standards met Thursday evening, December 6th and Friday morning, December 7th. The Business Meeting of the members was held on Sunday morning, December 9th. Friday afternoon, Saturday and Sunday all day were given to the scientific sessions which included round-table discussions as well as individual papers. A dinner dance was held on Saturday evening; a reception and cocktail party late Sunday afternoon.

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 15, 1951. ON THE PRINCIPAL OBSCENE WORD OF THE ENGLISH LANGUAGE—AN INQUIRY, WITH HYPOTHESIS, REGARDING ITS ORIGIN AND PERSISTENCE. Leo Stone, M.D.

Dr. Stone's linguistic and etymological investigations revealed that the word 'fuck' has persisted longer in the English language than all similar terms in both usage and taboo, and that its derivation is obscure.

A female patient had the obsessional thought, 'I want to fuck (occasionally 'rape' or 'kill') the analyst'. Analysis showed that her aggressive, masculine wishes were used as a defense against a deeply repressed passive trend associated with a wish to suck.

It was suggested that there might be a general unconscious association between the words 'fuck' and 'suck' among English-speaking people; that the word related to the first object relationship ('suck') might find representation in the other one related to the second great biological expression of object relationship, sexual intercourse, with a reversal of the situation in regard to activity-passivity. From these and other impressions the hypothesis was developed that the rhyme between 'fuck' and 'suck' might have been an important unconscious determinant in the linguistic fixation and taboo of the former in general usage, regardless of its origin. The introduction of and widespread addiction to tobacco in England in the sixteenth century might have heightened the conflict about the word 'fuck', whose resemblance and relationship to 'suck' was already unconsciously important. During the period of the rapid spread of smoking the word 'fuck' disappeared from dictionaries and from polite usage.

Dr. Ernst Kris agreed that such studies contributed to the reformulation of the antecedents of the œdipus complex, and also noted that shifts in the distribution of passive and active attitudes in individual behavior could be reflected in social usage, speech, and symbolism. Dr. Géza Róheim doubted that the relationship noted between these two words existed in other languages, or that general psychological conclusions could be deduced from it. Dr. I. Peter Glauber and Dr. Max Schur cited clinical examples linking orality and genitality in the conflicts of patients who indulged in certain compulsive usages of the word. Dr. Phyllis Greenacre commented on disturbed orality as a contribution to speech disturbance, where, as part of sibling rivalry, there were marked interest, envy, and rage reactions toward the breast. Dr. Abram Blau and Dr. Rudolph M. Loewenstein discussed the linguistic aspects of the presentation, and Dr. Blau noted the deficiency of a slang or obscene word for the clitoris in English.

HERBERT F. WALDHORN

Under the auspices of the PARIS PSYCHOANALYTIC SOCIETY, Dr. Sacha Nacht presiding, the fourteenth conference of French psychoanalysts met on November 1, 1951 at the *Clinique des Maladies Mentales et de l'Encéphale*, 1 rue Cabanis, Paris. The subject of the conference was The Problem of Transference. The theoretical aspect was presented by Professor Daniel Lagache; the clinical by Dr. Marc Schlumberger.

The newly elected officers of the ARGENTINE PSYCHOANALYTIC ASSOCIATION are: President, Dr. Enrique Pichon-Riviere, Copérnico 2350, Buenos Aires; Secretary, Dr. Luis Rascovsky, Larrea 934, Buenos Aires; Treasurer, Dr. Marie Langer, Arenales 3583, Buenos Aires; Publishing Director, Dr. Arnaldo Rascovsky, Suipacha 1368, Buenos Aires; and Director of the Institute, Dr. Angel Garma, Arenales 3569, Buenos Aires.

The CUBAN SOCIETY OF PSYCHOTHERAPY has elected the following officers for the year 1951-1952: President, Dr. Jose Angel Bustamante; President-elect, Dr. Oscar Sagredo; Secretary, Dr. Jose Perez Villar; Assistant Secretary, Dr. Francisco Aguero; Treasurer, Dr. Armando Cordova; Assistant Treasurer, Dr. Carlos Acosta; Voting Member, Dr. Miguel Angel Nin.

Dr. Arthur Hiler Ruggles delivered the 1951 THOMAS WILLIAM SALMON LECTURES at the New York Academy of Medicine. His subject was The Place and Scope of Psychotherapy, presented on the evenings of November 7th, 14th and 20th. Dr. Ruggles is a former president of the American Psychiatric Association and of the National Committee for Mental Health. During World War II he was consultant to the Secretary of War and chairman of the Committee on War Psychiatry. He is at present general consultant to Butler Hospital, Providence, Rhode Island, of which he was superintendent for twenty-six years, and special consultant to the Emma Pendleton Bradley Home in Providence.

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